

THE RIVERA GROUP, LLC

---

**THE TAKOMA PARK  
COMMUNITY HEALTH CARE NEEDS  
SURVEY**

Prepared for: Health Services Impact Committee  
The City of Takoma Park, Maryland  
January 2009

Prepared by: Maria Ivonne Rivera, MPH  
The Rivera Group, LLC  
3303 9<sup>th</sup> Street, N.E.  
Washington, DC 20017  
(202) 635-2900  
[ivonnerive@aol.com](mailto:ivonnerive@aol.com)

# Table of Contents

<b>EXECUTIVE SUMMARY .....</b>	<b>5</b>
<b>INTRODUCTION.....</b>	<b>7</b>
<b>METHODOLOGIES .....</b>	<b>7</b>
<b>SURVEY LIMITATIONS .....</b>	<b>10</b>
<b>RESULTS .....</b>	<b>10</b>
NUMBER OF SURVEY RESPONDENTS AND FOCUS GROUP PARTICIPANTS .....	10
PARTICIPANT DEMOGRAPHIC CHARACTERISTICS.....	11
PARTICIPANT HEALTH CARE IN THE LAST 12 MONTHS .....	13
SURVEY CROSS-TABULATED FINDINGS .....	15
<b>SUMMARY OF FINDINGS.....</b>	<b>18</b>
<b>ATTACHMENTS .....</b>	<b>20</b>
ATTACHMENT 1 - SURVEY INSTRUMENT .....	20
ATTACHMENT 2 - NEIGHBORHOOD AND CIVIC ASSOCIATIONS CONTACTED.....	34
ATTACHMENT 3 - E-MAIL SENT TO COMMUNITY LEADERS.....	39
ATTACHMENT 4 - SAMPLE LETTER TO NEIGHBORHOOD AND CIVIC ASSOCIATION MEMBERS ....	41
ATTACHMENT 5 – SCREENER .....	43
ATTACHMENT 6 - COMMUNITY HEALTH NEEDS SURVEY FORM .....	45
ATTACHMENT 7 - INFORMED CONSENT FOR FOCUS GROUP RESEARCH FORM .....	51
ATTACHMENT 8 - MODERATOR’S GUIDE .....	56
ATTACHMENT 9 – PARTICIPANT DEMOGRAPHIC CHARACTERISTICS .....	62
ATTACHMENT 10 –GRAPHS OF RESPONSES TO SURVEY HEALTH QUESTIONS.....	92
ATTACHMENT 11 – TABULATION OF RESPONSES TO FOCUS GROUP QUESTIONS .....	113
ATTACHMENT 13 – FOCUS GROUP DISCUSSION TRANSCRIPTS .....	141
ATTACHMENT 14 – CROSS-TABULATION RESULTS .....	197

# Table of Figures

Figure 1: Wards of Survey Respondents .....	63
Figure 2: Survey Respondents' Gender .....	63
Figure 3: Survey Respondents' Employment Status .....	64
Figure 4: Survey Respondents' Highest Grade or School Level Completed .....	64
Figure 5: Survey Respondents' Race or Ethnicity .....	65
Figure 6: Survey Respondents' Annual Household Income .....	65
Figure 7: Survey Respondents' Home Ownership .....	66
Figure 8: Survey Respondents' Household Composition .....	66
Figure 9: Survey Respondents' Ages .....	68
Figure 10: Survey Respondents' Health Status .....	68
Figure 11: Survey Respondents with Health Insurance .....	69
Figure 12: Washington Adventist Hospital (WAH) Users .....	70
Figure 13: WAH Users by Ward .....	71
Figure 14: WAH Users by Gender .....	72
Figure 15: Employment of WAH Users .....	73
Figure 16: WAH Users' Education .....	74
Figure 17: WAH Users' Race / Ethnicity .....	75
Figure 18: WAH Users' Income .....	76
Figure 19: Where WAH Users Live .....	77
Figure 20: Who WAH Users Live With .....	78
Figure 21: Age of WAH Users .....	79
Figure 22: Where Focus Group Participants Live .....	80
Figure 23: Focus Group Participants' Gender .....	81
Figure 24: Focus Group Participants' Household Composition .....	82
Figure 25: Focus Group Participants' Residential Ward .....	83
Figure 26: Focus Group Participants' Employment Status .....	84
Figure 27: Focus Group Participants' Educational Attainment .....	85
Figure 28: Focus Group Participants' Ethnic Identity .....	86
Figure 29: Focus Group Participants' Annual Income .....	87
Figure 30: Focus Group Participants' Country of Origin .....	88
Figure 31: Focus Group Participants' Years in the United States .....	89
Figure 32: Focus Group Participants' English Speaking Ability .....	90
Figure 33: Focus Group Participants Who Have Health Insurance .....	91
Figure 34: Survey Respondents' Frequency of Treatment for Illnesses Treated Regularly .....	93
Figure 35: Survey Respondents' Representation of Self or Family .....	94
Figure 36: Survey Respondents' Biggest Health Concerns or Needs .....	95
Figure 37: Survey Respondents' Primary Health Insurance Provider .....	96
Figure 38: Survey Respondents' Participation in Prevention/Wellness/Fitness Activities .....	97
Figure 39: Survey Respondents' Used or Preferred Prevention/Wellness/Fitness Activities .....	98
Figure 40: Survey Respondents Who Have a Primary Care Provider .....	99
Figure 41: Type of Primary Care Provider which Survey Respondents Have or Would Go To .....	100
Figure 42: Number of Visits to the Doctor or Clinic in Last 12 Months .....	101
Figure 43: Facilities/Services that Survey Respondents Think are Important .....	102
Figure 44: Survey Respondents' Three Most Important Health Issues .....	103
Figure 45: Survey Respondents' Reasons for Receiving Health Care Outside of Takoma Park .....	104
Figure 46: Hospitals Used by Survey Respondents for Non-Emergency Care .....	105
Figure 47: Survey Respondents Who Received Services at WAH in the Past Year .....	106
Figure 48: Services Received at WAH .....	107
Figure 49: Received Services from Facilities Other than WAH .....	108
Figure 50: Services Received by Survey Respondents at Facilities Other than WAH .....	109
Figure 51: What Survey Respondents Will Do Once WAH Relocates Elsewhere .....	110
Figure 52: Survey Respondents' Preferred Use of the WAH Campus .....	111
Figure 53: Neighborhood or Tenant Associations that Survey Respondents Belong To .....	112

## Executive Summary

This report presents the results of the Takoma Park Community Health Care Needs Survey. This study consisted of a standard survey component and a focus group component. The survey component targeted Takoma Park residents who belong to various neighborhood and civic associations. It was designed and developed by members of the Takoma Park Health Services Impact Committee utilizing electronic survey development software available at: [www.surveymonkey.com](http://www.surveymonkey.com). The focus groups targeted Takoma Park residents who are elderly, disabled, or whose primary language is not English. Six focus groups were conducted – one with senior Takoma Park residents in English and five with Takoma Park residents whose primary language is Amharic, French, Spanish, or Tigrinya.

Since survey respondents and focus group participants were not selected randomly, they cannot be considered a representative sample of the Takoma Park community. The results of this study cannot therefore be generalized to the entire Takoma Park community. However, the survey and focus group components of the study collected information on the health care needs and concerns of approximately 236 Takoma Park residents of diverse socio-economic and cultural backgrounds. They provide insight into the characteristics and opinions of a very large number of diverse Takoma Park residents and should be used to inform decision makers of the health care characteristics, needs, and concerns of these residents.

It is important to note that the survey was completed mostly by White, female, affluent Takoma Park homeowners with health insurance who lived in Wards 1, 2, and 3. Focus group participants, on the other hand, were mostly Black and Latino immigrants with limited incomes, non English proficient, lived in a rented apartment or house, and were unsure of the Takoma Park ward they live in. These respondent characteristics should be kept in mind when reviewing this report.

### Summary of Findings

- Most survey respondents enjoy good health and visit the doctor infrequently. Focus group participants do not receive health care services on a regular basis.
- Survey respondents do not typically use the non-emergency care services provided by the Washington Adventist Hospital but the focus group participants do.
- Although most survey respondents have not made plans for their healthcare after the Washington Adventist Hospital relocates, most of the focus group participants plan to continue using the Washington Adventist Hospital's services, especially if the hospital provides shuttle services to its new location.
- Most survey respondents have health insurance, whereas most focus group participants do not have health insurance and pay for their health care costs out of pocket. Survey respondents and focus group participants with health insurance typically have a primary care provider, while those without health insurance do not.
- The major health care concerns of most survey respondents are: 1) Access to an emergency room for major emergencies; 2) Access to care for everyday problems; and 3) Cost – my ability to pay for health care. The major health concerns or needs of focus group participants are access-to-care concerns or needs. Seniors were concerned about their ability to reach health facilities in a timely manner during emergencies and being served by competent personnel. Non English proficient participants were concerned about: 1) their lack of health insurance; 2) their inability to pay for health care services; and 3)

the lack of language services in health care settings.

- Most survey respondents and focus group participants participate regularly in prevention/wellness/fitness activities and go to a doctor when they feel that they need one. Because of their lack of health insurance, many focus group participants seek less costly approaches to their care, such as over-the-counter medications, or travel to their home country for treatment.
- Most survey respondents and focus group participants believe that Takoma Park residents should be able to access a healthcare facility that provides after-hours emergency and urgent care services, general practice/primary care services, and fitness/prevention/wellness/ lifestyle classes. Most survey respondents and focus group participants want to see the Washington Adventist Hospital campus continue to be utilized as a healthcare facility, providing emergency care, urgent care, outpatient care, and fitness / prevention / wellness / lifestyle services, and a pharmacy.

# **The Takoma Park Community Health Care Needs Survey**

## **Introduction**

On September 22, 2005, the Board of Trustees for Adventist HealthCare decided to move Washington Adventist Hospital outside the Takoma Park, Maryland city limits where it had been for nearly a century. In light of this announcement, the City Council voted to establish the Takoma Park Health Services Impact Committee (hereafter, HSIC). HSIC is charged with the responsibility of gathering and sharing information on the health care and health care access needs of the Takoma Park community; assessing the impact of the Washington Adventist Hospital's decision to relocate outside of Takoma Park; and advising the City Council on any steps that may be taken to improve the delivery and accessibility of health care services for the Takoma Park community. The committee consists of persons interested in the issue of health care services for the Takoma Park community, including clinicians, health care researchers, hospital administrators, and others with expertise in the field of health care services and public health.

In addition to holding open meetings around the City to discuss the health care needs of Takoma Park residents, the HSIC conducted focus groups of city residents and fielded a Community Health Care Needs Survey to learn more about what services people regularly use, what they need, and what they may want. This survey was administered to community members who belong to various neighborhood and civic associations utilizing a survey instrument that participants could access via the Internet. In order to obtain similar information from Takoma Park residents who are elderly, disabled, or non English proficient, the HSIC convened a series of focus groups with members of these special populations. Questions asked in the focus groups were similar or identical to those asked in the online survey.

This report combines the results of the survey and the focus groups. The *Methodologies* section presents the methods used to develop and conduct the survey and the focus groups. The *Results* section describes the number of Takoma Park residents who participated in the survey and focus groups, the demographic characteristics of both the survey respondents and the focus group participants, and, finally, the responses to the survey and focus group health needs questions. The report concludes with a *Summary of Findings*.

## **Methodologies**

The Takoma Park Community Health Care Needs Survey was conducted utilizing standard survey research and focus group methodologies. Both methods are described below.

### **Survey Research Methodology**

The survey instrument (Attachment 1) was designed, developed and fielded by HSIC members utilizing electronic survey development software available at: [www.surveymonkey.com](http://www.surveymonkey.com). A link to the survey instrument was sent by e-mail to various Takoma Park neighborhood and civic associations with e-mail addresses (Attachment 2). The listed leaders of these neighborhood and civic associations were asked to both complete the survey themselves and to ask the members of their association to complete it as well. Attached are a copy of the e-mail sent to these community leaders (Attachment 3) and a sample letter to their members that was attached to the e-mail (Attachment 4).

The survey instrument was divided into seven broad sections:

1. **Residency** – The first section of the survey asked participants whether or not they lived in Takoma Park. If participants indicated that they did not, they received a message stating, “This survey is for Takoma Park residents only.”

2. **Demographics** – This section asked participants for information on the ward they live in, and on their gender, employment status, educational attainment, race/ethnicity, household income, type of residence, who they share their residence with, age, and health status.
3. **Health Practices** – This section asked participants for information on the illnesses they are being treated for and the frequency of that treatment, their biggest health concerns, their primary health insurer, whether or not they participate in prevention/wellness/fitness activities, the types of prevention/wellness/fitness activities they would like to participate in, their use of a primary care provider, the number of times they visited a doctor in the last 12 months, the health facilities/services they consider important, their sense of the three most important health issues in Takoma Park, their reasons for receiving or not receiving health care services in Takoma Park over the last year, and the hospital they use for emergency care.
4. **Services Received at the Washington Adventist Hospital** – This section asked participants if they had received services at the Washington Adventist Hospital over the past year, and if so, the types of services received.
5. **Services Received at Other Hospitals** – This section asked participants if they had received services at the other hospitals over the past year, and if so, the types of services received.
6. **Relocation Plans** – This section asked participants to indicate where they plan to obtain health care after the Washington Adventist Hospital relocates outside of Takoma Park and to indicate their preferences regarding the future use of the Washington Adventist Hospital's Takoma Park campus.
7. **Association Memberships** – This section asked participants to specify the Takoma Park tenant or neighborhood association they belong to, if any.

The “Survey Monkey” software automatically kept a running count of participants and tabulated all responses. In consideration of Takoma Park residents who might not have access to a computer, HSIC members distributed hard copies of the electronic survey among community residents and obtained input from 64 community residents. These manual responses were added to the online results on an Excel spreadsheet, prior to analyzing the data on SPSS™.

### Focus Group Survey Methodology

Focus group participants were recruited utilizing a recruitment screener (Attachment 5). In order to participate, participants had to be:

- Residents of the City of Takoma Park
- Adults aged 18 and older
- A mix of males and females (at least 30% male)

The focus groups targeted Takoma Park residents who are elderly, disabled, or non English proficient. Six focus groups were conducted – one with senior Takoma Park residents in English and five with non English proficient residents in Amharic, French, Spanish, and Tigrinya at the times and locations indicated below:

Group	Date	Time	Site	Language
1	5/9/08	10:00 AM – 12:00 Noon	Franklin Apartments	English
2	5/10/08	12:00 Noon – 2:00 PM	Casa de Maryland	Spanish
3	5/10/08	2:00 PM – 4:00 PM	Casa de Maryland	Spanish
4	5/10/08	1:00 PM – 3:00 PM	City of Takoma Park Community Center	French
5	5/10/08	3:00 PM – 5:00 PM	City of Takoma Park Community Center	Amharic



Group	Date	Time	Site	Language
6	5/22/08	6:00 PM – 8:00 PM	City of Takoma Park Community Center	Tigrinya

Prior to beginning each focus group session, all participants were asked to complete a Community Health Needs Form that collected demographic information only (Attachment 6) and an Informed Consent for Focus Group Research form (Attachment 7). These forms were available to participants in English, Amharic, French, Spanish, and Tigrinya. Bilingual moderators conducted each focus group in English, Amharic, French, Spanish, or Tigrinya. Simultaneous interpreters in each of these languages were provided to focus group observers.

Each focus group was divided into five broad sections:

1. **Introduction** – The moderator introduced herself and explained the purpose and procedures to be followed in the focus group. She also noted the presence and role of observers and focus group assistants, explained the reason for audio taping the session, and provided some general guidelines to follow in the discussion. As an icebreaker, she then asked all participants to introduce themselves and provide a brief statement about them.
2. **Your health care in the last 12 months** – The moderator asked participants to provide information on:
  - The state of their health,
  - The treatments they currently receive,
  - Their current health concerns or needs,
  - The manner in which they pay for health care,
  - The extent to which they participate in prevention/wellness/fitness activities,
  - The programs or facilities they use for prevention/wellness/fitness activities, and
  - The nature and extent of their use of health facilities and health care practitioners.
3. **Takoma Park facilities and issues** – The moderator asked participants for their thoughts and reasoning with respect to:
  - Facilities/health services that should be included in the City of Takoma Park
  - The three most important health issues for them and
  - The extent to which they have sought health care outside Takoma Park in the last year.
4. **Where you go for health care** – The moderator asked participants to provide information on:
  - The hospital they use for non-emergency care;
  - The types of services received by them or members of their family within the past year at Washington Adventist Hospital;
  - The types of services received by them or members of their family within the past year at facilities other than Washington Adventist Hospital;
  - What they plan to do if Washington Adventist Hospital moves to a location outside of Takoma Park.;
  - How they would you like to see the Takoma Park campus and facilities of Washington Adventist Hospital utilized if Washington Adventist Hospital relocates elsewhere
5. **Closing** – The moderator asked participants for any additional comments or suggestions about unmet health care needs for Takoma Park residents

A copy of the Moderator's Guide is presented in Attachment 8.

## **Survey Limitations**

Survey respondents and focus group participants were not selected randomly. Survey respondents were invited to respond to the survey by HSIC members or other community leaders. Focus group participants were invited to participate in the focus group sessions by recruiters who ensured that participants held certain qualifying characteristics. As a result, the collection of survey participants and focus group participants cannot be considered a representative sample of the Takoma Park community and the results of this survey cannot therefore be generalized to the entire Takoma Park community.

This survey collected information on the health care needs and concerns of approximately 236 Takoma Park residents (a net 168 survey participants and 68 focus group participants) of diverse socio-economic and cultural backgrounds. It provides insight into the characteristics and opinions of a very large number of diverse Takoma Park residents who are affected by the Washington Adventist Hospital's relocation. It should be used to inform decision makers of the health care characteristics, needs, and concerns of a large number of Takoma Park residents.

It is important to note that the survey instrument was completed mostly by White, female, affluent Takoma Park homeowners with health insurance who lived in Wards 1, 2, and 3. Focus group participants, on the other hand, were mostly Black and Latino immigrants with limited incomes, non English proficient, lived in a rented apartment or house, and were unsure of the Takoma Park ward they live in. These respondent characteristics should be kept in mind when reviewing this report.

## **Results**

For ease of presentation, all percentages are rounded to the nearest whole number. As a result, the sum of the percentages of responses to many questions may not equal one hundred percent. In addition, all percentages used in questions allowing multiple responses are calculated on the basis of the number of respondents to that question, not the total number of multiple responses. As a result, the sum of the percentages of responses to these questions frequently exceeds one hundred percent. Since not all participants answered all questions, percentages are calculated on the basis of the number of respondents to each question, not the total number of survey respondents.

Obviously, the survey and the focus groups were procedurally different – i.e., survey participants answered questions by entering their responses on a quantifiable response form whereas focus group participants answered questions by discussing their opinions on those questions. As a result, it was possible to quantify the responses to all of the survey instrument questions, but it was not possible to quantify all of the responses to the focus group survey questions. Only participant characteristics in the focus groups, derived from a demographic information form they completed, were quantifiable. As a result, response percentages are presented for all survey instrument responses and presented only for the demographic characteristics of focus group participants.

## **Number of Survey respondents and Focus Group Participants**

### **Number of Survey Instrument Respondents**

A total of two hundred and twenty one persons began the online survey. Of these, twenty nine lived outside Takoma Park and did not complete the survey. Twenty four persons began but did not complete the survey. A total of one hundred and sixty-eight persons completed the survey. As detailed later in this report, among those who completed the survey, seventy participants had received services at the Washington Adventist Hospital in the past year.

Began The Survey	221
Lived Outside Takoma Park	29
Began But Did Not Complete The Survey	24
Completed The Survey	168
Received Services at Washington Adventist Hospital (WAH)	70

### Number of Focus Group Participants

A total of sixty-eight Takoma Park residents participated in the six focus groups, as follows:

Focus Group	Participants
Amharic Speakers	11
French Speakers	14
Senior Citizens	16
Spanish Speakers	18
Tigrinya Speakers	9
Total	68

Like the survey instrument respondents, as detailed later in this report, some focus group survey participants had used the health care services provided by the Washington Adventist Hospital in the past year and some had not.

### Participant Demographic Characteristics

The following demographic characteristics are derived from responses to demographic information questions on the survey instrument and a data collection form used in the focus groups sessions. A subset of survey respondents was produced to identify the demographic characteristics of survey respondents who utilized health care services provided by the Washington Adventist Hospital in the past year. For the purposes of this presentation, this subset is referred to as WAH Users.

The demographic characteristics described below are presented in graphic form in Attachment 9.

Most survey respondents (71%), including online WAH users (83%) lived in Wards 1, 2 and 3. Many survey respondents (14%) and several WAH Users (11%) were unsure of the ward they lived in. Most participants in the French (92%), Tigrinya (88%), and Spanish Speaking Groups (80%) were unsure of the Takoma Park Ward they reside in. Most participants in the Seniors Group (100%) and the Amharic Speaking Group (84%) were aware of the Ward they reside in. Most of the participants in the Seniors Group (63%) lived in Ward 4 and the remainder (38%) lived in Ward 1.

The majority of survey respondents (75%), including online WAH users (67%) were female. There were more males than females in the French Speaking (11 males to 3 females) and Spanish Speaking groups (11 males to 7 females) and more females than men in the Seniors Group (10 females to 6 males) and the Amharic (7 females to 4 males) and Tigrinya Speaking Groups 6 females to 3 males). Across all focus groups, the number of men (35) was slightly higher than the number of women (33).

Most survey respondents (82%), including online WAH users (78%), were employed either full time or part time. Most participants in the Seniors Group (80%) were retired. Most participants in the French Group (60%) were unemployed. Most participants in the Amharic (81%), Tigrinya (66%), and Spanish Groups (53%) were employed on a full- or part-time basis.

Most survey respondents (88%), including online WAH users (86%), had a graduate school or undergraduate education. Over one quarter of the participants in the Seniors Group (29%) had not attained a high school diploma, but the group had several participants who had graduated from high school (21%) and college (21%). Almost half of the participants in the Amharic Speaking Group (45%) were high school graduates and close to one half (45%) had received some college training. Most of the participants in the French Speaking Group were either high school (43%) or college (29%) graduates. Most participants in the Tigrinya Speaking Group (66%) had not completed High School. Most participants in the Spanish Speaking Group had a high school (29%) or less (59%) of education.

Most survey respondents (79%), including online WAH users (77%), were White/Caucasians. Participants in the Seniors Group were Black (63%) and White (31%), and one Native American (6%). All participants (100%) in the Amharic-, French-, and Tigrinya-speaking groups were Black. All participants (100%) in the Spanish Speaking groups were Latino.

Most survey respondents (51%), including online WAH users (51%), had an annual household income in excess of \$100,000. Most participants in the Seniors Group (80%) and in the French (100%) and Spanish Speaking (75%) Groups had incomes of less than \$20K per year. Most of the Amharic (81%) and Tigrinya (100%) participants had incomes of less than \$40K per year.

Most survey respondents (73%), including online WAH users (70%), lived in a house owned by them or their family. Most participants in the Seniors Group (94%) and the Amharic (100%), French (71%), and Spanish Speaking (44%) Groups lived in an apartment building. Most Tigrinya-speaking participants (64%) and several French- (29%) and Spanish-speaking (38%) participants lived in a rented apartment or house.

Most survey respondents lived with a spouse or partner (68%) and with a child or children under 18 (43%). Most online WAH users lived with a spouse or partner (61%) and with a child or children under 18 (36%). Most participants in the Seniors Group lived alone (81%) or with a spouse or partner (19%). Most participants in the Amharic Speaking Group lived with children under 18 (57%) or with a spouse or partner (36%). Most French-speaking participants lived with a spouse or partner (31%), in a group house (25%), or alone (19%). Most Tigrinya-speaking participants lived with adult children (33%) or with a spouse/partner (22%), children under 18 (22%), or in a group house (22%). Most Spanish speaking participants lived with a spouse or partner (44%), alone (22%), or in a group house (22%).

Participant age ranges were as follows:

- Survey respondents - 13 to 83 years of age; Median Age – 45.5
- Online WAH users – 13 to 83 years of age; Median Age – 44
- Seniors Group – 55 to 85 years of age; Median Age - 84
- Amharic Speaking Group – 35 to 48 years of age; Median Age - 43
- French Speaking Group – 29 to 61 years of age; Median Age - 42
- Spanish Speaking Group #1 – 24 to 52 years of age; Median Age - 36
- Spanish Speaking Group #2 – 20 to 55 years of age; Median Age – 49
- Tigrinya Speaking Group – 24 to 61 years of age; Median Age – 41.5

Most survey respondents (74%) and WAH Users (67%) had health insurance from a past or current employer. Most Seniors Group participants (87%) had health insurance (mostly Medicare and Medicaid), while most participants in the Amharic (80%), French (100%), Tigrinya (67%) and Spanish (94%) Groups did not have any health insurance.

## Participant Health Care in the Last 12 Months

Most survey respondents felt that they have very good health (45%) and excellent health (32%). WAH Users also felt that they have very good health (46%) to excellent health (26%). Seniors and Amharic-, French-, Spanish-, and Tigrinya-speaking Takoma Park residents described their health status as ranging from poor to excellent.

Survey respondents were generally treated yearly or less regularly for most conditions, including kidney failure (100%), heart disease (82%), cancer (79%), disability (79%), diabetes ((74%), asthma or other respiratory issues (71%); pain (48%); and mental health (47%). Seniors were treated regularly for a wide range of diseases, illnesses, or conditions. The frequency of treatment of diseases, illnesses, or conditions in immigrant communities varied by community, but for the most part, the Amharic-, French-, Spanish-, and Tigrinya-speaking Takoma Park residents reported that they do not receive health care services on a regular basis.

The three biggest health concerns or needs of survey respondents were: 1) Access to an emergency room for major emergencies (61%); 2) Access to care for everyday problems (38%); and 3) Cost – my ability to pay for health care (33%). The biggest health concerns or needs of seniors and Amharic-, French-, Spanish-, and Tigrinya-speaking Takoma Park residents were access-to-care concerns or needs. Seniors were concerned about their ability to reach health facilities in a timely manner during emergencies and being served by competent personnel. Amharic-, French-, Spanish-, and Tigrinya-speakers were concerned about their lack of health insurance, their inability to pay for health care services, and the lack of language services in health care settings.

The primary health insurer for most survey respondents is health insurance from a current or past employer (74%). Seniors pay for their health care with Medicare or Medicaid, private insurance, out of pocket, or by utilizing armed forces veteran health services. Amharic-, French-, Spanish-, and Tigrinya-speaking Takoma Park residents pay for their health care with health insurance when they have it, but most Amharic-, French-, Spanish-, and Tigrinya-speaking Takoma Park residents pay for their health care out of pocket.

Most survey respondents (70%) reported that they participate regularly in prevention/wellness /fitness activities and an additional 20% of survey participants indicated that they would participate in prevention/wellness/fitness activities if facilities were available. Most survey respondents (75%) also indicated that they use or would like to use walking, cycling, jogging or other aerobic activities. Takoma Park seniors and Amharic-, French-, Spanish-, and Tigrinya-speaking Takoma Park residents reported that they participate regularly in prevention, wellness, and fitness activities. While seniors reported that they tend to utilize activities and facilities that are available where they live, Amharic-, French-, Spanish-, and Tigrinya-speakers reported that they tend to walk, play sports, diet, and exercise. Seniors and Amharic-, French-, Spanish-, and Tigrinya-speakers who need a checkup, advice about a health problem, or are ill or injured, all go to a doctor when they feel that they need one. When appropriate, several focus group participants utilize less costly approaches to their care, such as over-the-counter medications and prayer.

Most survey respondents (83%) indicated that they have a primary care provider. Seniors also have a primary care provider, as do Amharic-, French-, Spanish-, and Tigrinya-speaking Takoma Park residents with health insurance. But most Amharic-, French-, Spanish-, and Tigrinya-speaking Takoma Park residents do not have health insurance and, as a result, do not have a primary care provider.

Most survey respondents (93%) have or would have a physician as their primary care provider. If seniors and Amharic-, French-, Spanish-, and Tigrinya-speaking Takoma Park residents could choose a primary care provider, they would also all choose a physician.

Not counting emergency room visits, most survey respondents went to a doctor's office or clinic to get health care for themselves between two and nine times in the last 12 months. The number of visits made by seniors and Amharic-, French-, Spanish-, and Tigrinya-speaking Takoma Park residents to a doctor's office or clinic in the last 12 months varied by community. For the most part, seniors tended to visit a doctor's office more frequently than Amharic-, French-, Spanish-, and Tigrinya-speaking Takoma Park residents. Many Amharic-, French-, Spanish-, and Tigrinya-speaking Takoma Park residents, on the other hand, tended to visit a doctor's office or clinic on very few occasions over the year, if at all.

### **Participant Views on Health Care Facilities and Issues**

The top five Takoma Park facilities or services that survey respondents think are important are: 1) After-hours emergency care (80%); 2) Emergency (69%); 3) General practice/Primary care (53%); 4) Fitness/Prevention/Wellness/Lifestyle classes and programs (48%); and 5) Pediatric Services (46%). Seniors and Amharic-, French-, Spanish-, and Tigrinya-speaking Takoma Park residents felt that the city of Takoma Park should have a hospital, community clinic, or urgent care facility. Some Amharic-, French-, Spanish-, and Tigrinya-speaking Takoma Park residents felt that the selected facility or service should be able to provide free basic health care and services.

For most survey instrument respondents, Takoma Park's three most important health issues are: 1) Care for the elderly/aged (43%); 2) Pedestrian Safety (38%); and 3) Chronic diseases (30%). Amharic-, French-, Spanish-, and Tigrinya-speaking Takoma Park residents did not agree on the three most important health issues for them as residents of Takoma Park. French and Spanish speakers recommended specific illnesses such as cancer, diabetes, and hypertension as the three most important health issues for them, while Tigrinya and Amharic speakers recommended specific types of preventive services, such as an exercise facility and community education and outreach, as the three most important health issues for them.

Most survey respondents who obtained health care outside of Takoma Park in the last 12 months (73%) did so because their doctor or hospital of choice was in another location. Very few Amharic-, French-, Spanish-, and Tigrinya-speaking Takoma Park residents sought and obtained health care outside of Takoma Park. Those who sought health care outside of Takoma Park sought that care in other states or countries and did so for either personal reasons or reasons beyond their control, such as physician referrals.

### **Where Participants Go For Health Care**

Survey respondents were almost equally divided between those who had received services at the Washington Adventist Hospital within the past year (43%) and those who had not (57%). About one third of the survey respondents (32%) used Washington Adventist Hospital for non-emergency care. In contrast, most of the Amharic-, French-, Spanish-, and Tigrinya-speaking Takoma Park residents who sought non-emergency care did so at the Washington Adventist Hospital.

Most survey respondents who had received health care services at Washington Adventist Hospital within the past year (57%) had received emergency room/urgent care services. Seniors and Amharic-, French-, Spanish-, and Tigrinya-speaking residents tended to seek general health care services, including physical exams, mammograms, prenatal and pediatric care, lab work, and physical therapy.

The three most frequent services received by survey respondents at facilities other than Washington Adventist Hospital were: 1) Lab work (27%); 2) General practice/primary care (25%); and 3) Obstetrics/Gynecology (19%). Seniors and Amharic-, French-, Spanish-, and Tigrinya-speaking residents who sought health services outside of Takoma Park did so for radiology, lab work, and other specialized services, such as physical therapy.

Most survey respondents had not made plans regarding the Washington Adventist Hospital's relocation because they do not usually use the Washington Adventist Hospital (45%) or do not know what they will do after the hospital relocates (24%). When the Washington Adventist Hospital relocates outside of Takoma Park, most seniors and Amharic-, French-, Spanish-, and Tigrinya-speaking Takoma Park residents plan to continue using the Washington Adventist Hospital's services, especially if the hospital provides shuttle services to its new location.

Most survey respondents wanted to see the Washington Adventist Hospital Campus utilized as an emergency/urgent care facility (65%), as a fitness/prevention/ wellness/lifestyle facility (48%), and as offices for health care providers (46%). Most seniors and Amharic-, French-, Spanish-, and Tigrinya-speakers stated that, if Washington Adventist Hospital relocates elsewhere, they would like to see the hospital's current campus and facilities continue being used as a health care facility, i.e., as a community clinic, urgent care facility, or an outpatient care facility, with the addition of a good pharmacy.

### Survey Cross-tabulated Findings

In order to examine how responses to some of the survey instrument questions were affected by some of the respondents' demographic characteristics, three characteristics, namely, ward, gender, and race/ethnicity were cross-tabulated against three questions posed in the survey instrument utilizing an SPSS® statistical software program. The cross-tabulation results are provided in Attachment 14 and summarized below.

#### Important Takoma Park Health Care Facilities/Services by Ward

Ward 1	<ol style="list-style-type: none"> <li>1. After-hours urgent care facilities and services</li> <li>2. Emergency facilities and services</li> <li>3. Fitness/Wellness facilities and services</li> </ol>
Ward 2	<ol style="list-style-type: none"> <li>1. After-hours / Urgent care facilities and services</li> <li>2. Emergency facilities and services</li> <li>3. General practice/Primary care facilities and services <u>and</u> Fitness/Wellness facilities and service</li> </ol>
Ward 3	<ol style="list-style-type: none"> <li>1. After-hours / Urgent care facilities and services</li> <li>2. Emergency facilities and services</li> <li>3. General practice/Primary care facilities and services</li> </ol>
Ward 4	<ol style="list-style-type: none"> <li>1. After-hours / Urgent care facilities and services <u>and</u> Emergency facilities and services</li> <li>2. General practice/Primary care facilities and services</li> <li>3. Pediatric facilities and services</li> </ol>
Ward 5	<ol style="list-style-type: none"> <li>1. After-hours / Urgent care facilities and services <u>and</u> Emergency facilities and services</li> <li>2. General practice/Primary care facilities and services</li> <li>3. Pediatric facilities and services</li> </ol>
Ward 6	<ol style="list-style-type: none"> <li>1. After-hours / Urgent care facilities and services</li> <li>2. Emergency facilities and services</li> <li>3. No clear third preference</li> </ol>

#### Important Takoma Park Health Care Facilities/Services by Gender

Males	<ol style="list-style-type: none"> <li>1. After-hours urgent care facilities and services</li> <li>2. Maternity / Midwifery facilities and services</li> <li>3. Eye/Vision Care facilities and services</li> </ol>
Females	<ol style="list-style-type: none"> <li>1. After-hours urgent care facilities and services</li> <li>2. Maternity / Midwifery facilities and services</li> <li>3. Eye/Vision Care facilities and services</li> </ol>

### Important Takoma Park Health Care Facilities/Services by Race/Ethnicity

Black	<ol style="list-style-type: none"> <li>1. Emergency facilities and services</li> <li>2. After-hours / Urgent care facilities and services <u>and</u> Fitness/Wellness facilities and services <u>and</u> Hospital facilities and services</li> <li>3. General practice/Primary care facilities and services <u>and</u> Dental/Oral health facilities and services <u>and</u> Family Planning/Birth control facilities and services</li> </ol>
Asian	<ol style="list-style-type: none"> <li>1. Emergency facilities and services</li> <li>2. After-hours/Urgent care facilities and services <u>and</u> General practice/Primary care facilities and services <u>and</u> Pediatric facilities and services</li> <li>3. No clear third preference</li> </ol>
Hispanic	<ol style="list-style-type: none"> <li>1. After-hours / Urgent care facilities and services</li> <li>2. No clear second preference</li> <li>3. No clear third preference</li> </ol>
White	<ol style="list-style-type: none"> <li>1. After-hours / Urgent care facilities and services</li> <li>2. Emergency facilities and services</li> <li>3. General practice/Primary care facilities and services</li> </ol>
Other	<ol style="list-style-type: none"> <li>1. After-hours / Urgent care facilities and services</li> <li>2. Emergency facilities and services <u>and</u> General practice/Primary care facilities and services</li> <li>3. Fitness/Wellness facilities and services <u>and</u> Immunizations facilities and services</li> </ol>
Mixed	<ol style="list-style-type: none"> <li>1. After-hours / Urgent care facilities and services</li> <li>2. No clear second preference</li> <li>3. No clear third preference</li> </ol>

### Takoma Park's Three Most Important Health Care Issues by Ward

Ward 1	<ol style="list-style-type: none"> <li>1. Care for Elderly</li> <li>2. Chronic diseases</li> <li>3. No clear third preference</li> </ol>
Ward 2	<ol style="list-style-type: none"> <li>1. Care for Elderly</li> <li>2. Pedestrian safety</li> <li>3. Chronic diseases</li> </ol>
Ward 3	<ol style="list-style-type: none"> <li>1. Pedestrian safety</li> <li>2. No clear second preference</li> <li>3. No clear third preference</li> </ol>
Ward 4	<ol style="list-style-type: none"> <li>1. Pedestrian safety</li> <li>2. No clear second preference</li> <li>3. No clear third preference</li> </ol>
Ward 5	<ol style="list-style-type: none"> <li>1. Chronic diseases</li> <li>2. Pedestrian safety</li> <li>3. No clear third preference</li> </ol>
Ward 6	<ol style="list-style-type: none"> <li>1. No clear first preference</li> <li>2. No clear second preference</li> <li>3. No clear third preference</li> </ol>



### Takoma Park's Three Most Important Health Care Issues by Gender

Males	<ol style="list-style-type: none"> <li>1. Poor diet/inactivity</li> <li>2. Care for elderly</li> <li>3. Chronic diseases</li> </ol>
Females	<ol style="list-style-type: none"> <li>1. Care for elderly</li> <li>2. Pedestrian safety</li> <li>3. Chronic diseases</li> </ol>

### Takoma Park's Three Most Important Health Care Issues by Race/Ethnicity

Black	<ol style="list-style-type: none"> <li>1. Care for elderly</li> <li>2. Poor diet/inactivity</li> <li>3. Teen pregnancy</li> </ol>
Asian	<ol style="list-style-type: none"> <li>1. Pre-natal/birth care</li> <li>2. Infectious disease</li> <li>3. No clear third preference</li> </ol>
Hispanic	<ol style="list-style-type: none"> <li>1. Poor diet/inactivity</li> <li>2. No clear second preference</li> <li>3. No clear third preference</li> </ol>
White	<ol style="list-style-type: none"> <li>1. Care for elderly</li> <li>2. Pedestrian safety</li> <li>3. Chronic diseases</li> </ol>
Other	<ol style="list-style-type: none"> <li>1. Care for elderly</li> <li>2. No clear second preference</li> <li>3. No clear third preference</li> </ol>
Mixed	<ol style="list-style-type: none"> <li>1. Pedestrian safety</li> <li>2. No clear second preference</li> <li>3. No clear third preference</li> </ol>

### Best Use of Washington Adventist Hospital's Takoma Park Campus and Facilities by Ward

Ward 1	<ol style="list-style-type: none"> <li>1. ER/Urgent care facility</li> <li>2. Fitness/Wellness facility</li> <li>3. Health care offices</li> </ol>
Ward 2	<ol style="list-style-type: none"> <li>1. ER/Urgent care facility</li> <li>2. No clear second preference</li> <li>3. No clear third preference</li> </ol>
Ward 3	<ol style="list-style-type: none"> <li>1. ER/Urgent care facility</li> <li>2. Health care offices</li> <li>3. Hospital</li> </ol>
Ward 4	<ol style="list-style-type: none"> <li>1. ER/Urgent care facility</li> <li>2. No clear second preference</li> <li>3. No clear third preference</li> </ol>
Ward 5	<ol style="list-style-type: none"> <li>1. Fitness/Wellness facility</li> <li>2. ER/Urgent care facility</li> <li>3. No clear third preference</li> </ol>
Ward 6	<ol style="list-style-type: none"> <li>1. No clear first preference</li> <li>2. No clear second preference</li> <li>3. No clear third preference</li> </ol>

### Best Use of Washington Adventist Hospital's Takoma Park Campus and Facilities by Gender

Males	1. ER/Urgent care facility 2. Health care offices 3. Fitness/Wellness facility
Females	1. ER/Urgent care facility 2. Fitness/Wellness facility 3. Health care offices

### Best Use of Washington Adventist Hospital's Takoma Park Campus and Facilities by Race/Ethnicity

Black	1. Fitness/Wellness facility 2. ER/Urgent care facility 3. Park, athletic, recreation
Asian	1. No clear first preference 2. No clear second preference 3. No clear third preference
Hispanic	1. No clear first preference 2. No clear second preference 3. No clear third preference
White	1. ER/Urgent care facility 2. Fitness/Wellness facility 3. Health care offices
Other	1. No clear first preference 2. No clear second preference 3. No clear third preference
Mixed	1. No clear first preference 2. No clear second preference 3. No clear third preference

### Summary of Findings

- Most survey respondents enjoy good health and visit the doctor infrequently. Focus group participants do not receive health care services on a regular basis.
- Survey respondents do not typically use the non-emergency care services provided by the Washington Adventist Hospital but the focus group participants do.
- Although most survey respondents have not made plans for their healthcare after the Washington Adventist Hospital relocates, most of the focus group participants plan to continue using the Washington Adventist Hospital's services, especially if the hospital provides shuttle services to its new location.
- Most survey respondents have health insurance, whereas most focus group participants do not have health insurance and pay for their health care costs out of pocket. Survey respondents and focus group participants with health insurance typically have a primary care provider, while

those without health insurance do not.

- The major health care concerns of most survey respondents are: 1) Access to an emergency room for major emergencies; 2) Access to care for everyday problems; and 3) Cost – my ability to pay for health care. The major health concerns or needs of focus group participants are access-to-care concerns or needs. Seniors were concerned about their ability to reach health facilities in a timely manner during emergencies and being served by competent personnel. Non English proficient participants were concerned about: 1) their lack of health insurance; 2) their inability to pay for health care services; and 3) the lack of language services in health care settings.
- Most survey respondents and focus group participants participate regularly in prevention/wellness/fitness activities and go to a doctor when they feel that they need one. Because of their lack of health insurance, many focus group participants seek less costly approaches to their care, such as over-the-counter medications, or travel to their home country for treatment.
- Most survey respondents and focus group participants believe that Takoma Park residents should be able to access a healthcare facility that provides after-hours emergency and urgent care services, general practice/primary care services, and fitness/prevention/wellness/ lifestyle classes. Most survey respondents and focus group participants want to see the Washington Adventist Hospital campus continue to be utilized as a healthcare facility, providing emergency care, urgent care, outpatient care, and fitness / prevention / wellness / lifestyle services, and a pharmacy.

## **Attachments**

### **Attachment 1 - Survey Instrument**

# Community Health Needs Survey

## Residency Page

### \* 1. Where do you live?

☐ Takoma Park, MD

☐ Silver Spring, MD

☐ Other (please specify)

**This survey is for Takoma Park residents only.**

## Demographics Page

### \* 1. In what Takoma Park voting Ward do you reside?

☐ Ward 1 (Council Member Josh Wright)

☐ Ward 2 (Council Member Colleen Clay)

☐ Ward 3 (Council Member Dan Robinson)

☐ Ward 4 (Council Member Terry J. Seamens)

☐ Ward 5 (Council Member Reuben Snipper)

☐ Ward 6 (Council Member Doug Barry)

☐ Not sure

☐ Do not live in Takoma Park

### \* 2. What is the nearest intersection to your residence?

### \* 3. Are you?

☐ Male

☐ Female

# Community Health Needs Survey

## \* 4. Are you working?

- ☐ Part time
- ☐ Full time
- ☐ Unemployed
- ☐ Homemaker
- ☐ Retired
- ☐ In school full time
- ☐ Other (please specify)

## \* 5. What is the highest grade or level of school that you have completed?

- ☐ 8th grade or less
- ☐ Some high school, but did not graduate
- ☐ High School diploma
- ☐ Some college, but did not graduate
- ☐ Some college or 2-year degree
- ☐ 4-year college graduate
- ☐ Graduate school

## \* 6. What race/ethnic group do you most identify with?

- ☐ African-American/Black
- ☐ Asian
- ☐ Hispanic/Latino
- ☐ Native American
- ☐ White/Caucasian
- ☐ Other (please specify)

# Community Health Needs Survey

## \* 7. What is your annual household income?

- ☐ Less than \$20,000
- ☐ \$20,000-\$39,999
- ☐ \$40,000-\$59,999
- ☐ \$60,000-\$79,000
- ☐ \$80,000-\$99,999
- ☐ \$100,000-\$249,999
- ☐ \$250,000 or more

## \* 8. Do you live -

- ☐ In a house you or your family own.
- ☐ In an apartment building.
- ☐ In a rented house or an apartment in a house.
- ☐ In a condominium apartment you or your family own.
- ☐ Somewhere else (please specify)

## \* 9. Are you - mark one or all that apply

- ☐ Living alone
- ☐ Living with spouse or a partner
- ☐ Living with a child or children under 18
- ☐ Living with an adult child or children
- ☐ Living with parent(s), siblings, or other relative(s)
- ☐ Living in a group house with unrelated adults

## \* 10. Please indicate the year you were born.

## \* 11. In general, is your health:

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

# Community Health Needs Survey

**1. Are you (or a family member you live with) being treated regularly for any of the following illnesses? Enter the treatment frequency next to each illness being treated.**

	2 times a week or more often	Every week or two	Every 3 to 6 weeks	2 or 3 times per year	Yearly or less frequently
Asthma or other respiratory issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer, active or in remission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kidney/renal failure (dialysis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**\* 2. Are you answering these questions for yourself or for all family/household members?**

- ☐ Self only
- ☐ All family/household members

**\* 3. What are your biggest health concerns or needs? Check one or more**

- ☐ Access to an Emergency Room for major emergencies
- ☐ Access to care for everyday problems
- ☐ Availability of care in my primary language
- ☐ Chiropractic Therapy
- ☐ Chronic condition
- ☐ Chronic Pain Therapy
- ☐ Cost - my ability to pay for health care
- ☐ Cost of prescription drugs
- ☐ Dentistry or oral health
- ☐ Eating disorders
- ☐ Food or nutrition
- ☐ Lack of/inadequate insurance
- ☐ Mental Health
- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Speech Therapy
- ☐ Surgery



# Community Health Needs Survey

☐ Transportation - getting to my provider

☐ Weight or obesity

☐ Other (please specify)

## \* 4. Who is your primary health insurer?

☐ None. I do not have health insurance.

☐ Health insurance from a current or past employer/union/school.

☐ Health insurance purchased by self or by a family member.

☐ Medicare

☐ Medicaid

☐ TRICARE, VA (Veterans Administration), CHAMPUS/CHAMP-VA, other military

☐ Indian Health Service

☐ Don't know

☐ Other (please specify in the box below)

## \* 5. Do you participate regularly in Prevention/Wellness/Fitness activities?

☐ Yes

☐ No, not interested

☐ No, would if facilities were available

## 6. What Prevention/Wellness/Fitness activities do you use or would you like to use?

☐ Hospital-based wellness/fitness seminars or classes

☐ Other wellness/fitness seminars or classes

☐ Gym or fitness center

☐ Walking, cycling, jogging or other aerobic activities

☐ Other (please specify)

## \* 7. A primary care provider is a particular physician, physician's assistant, or nurse practitioner you see if you need a checkup, want advice about a health problem, or get sick or hurt. Do you have a primary care provider?

☐ Yes

☐ No

## Community Health Needs Survey

**\* 8. If you have or would go to a primary care provider, what type of primary care provider do you have or would you go to**

- ☐ A physician
- ☐ A physician's assistant
- ☐ A nurse practitioner

**\* 9. In the last 12 months, not counting emergency-room visits, how many times did you go to a doctor's office or clinic to get health care for yourself?**

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 to 9
- ☐ 10 or more

**\* 10. Indicate the Takoma Park facilities/services that you think are important - select any number -**

- ☐ After-hours urgent care
- ☐ Dental, oral health
- ☐ Dermatology
- ☐ Dialysis
- ☐ Eating disorder
- ☐ Emergency
- ☐ Endoscopy
- ☐ Eye/vision care, ophthalmology
- ☐ Family/Domestic counseling
- ☐ Family planning/birth control
- ☐ Fitness/Prevention/Wellness/Lifestyle classes, programs
- ☐ General practice/primary care
- ☐ Home Health
- ☐ Hospice
- ☐ Hospital
- ☐ Immunizations

# Community Health Needs Survey

- ☐ Maternity/midwifery services
- ☐ Mental Health
- ☐ Nursing home/long-term care
- ☐ Natural Medicine/Alternative Therapies
- ☐ Ophthalmology
- ☐ Oncology
- ☐ Pediatric services
- ☐ Rehabilitation services
- ☐ Rheumatology
- ☐ Substance abuse/addiction counseling
- ☐ Suicide prevention
- ☐ Other (please specify)

**\* 11. Takoma Park's three most important health issues are - Enter no more than THREE different issues.**

- ☐ Care for the elderly/aged
- ☐ Child abuse/neglect
- ☐ Chronic diseases
- ☐ Domestic violence
- ☐ Eating disorders
- ☐ Firearm-related injury
- ☐ Infectious diseases
- ☐ Malnutrition
- ☐ Motor vehicle accidents
- ☐ Pedestrian safety
- ☐ Poor diet/inactivity
- ☐ Pre-natal/birth care
- ☐ School nutrition
- ☐ Sexually-transmitted diseases (STDs) and AIDS
- ☐ Substance abuse including drugs, alcohol, tobacco/addictive behavior
- ☐ Suicide
- ☐ Teen pregnancy

## Community Health Needs Survey

☐ Other (please specify)

**\* 12. If you received health care OUTSIDE OF Takoma Park in the last 12 months, enter the answer that best explains your reason for doing that:**

☐ I did not receive health care outside of Takoma Park in the last 12 months.

☐ My doctor or hospital of choice is in another location

☐ No local provider offers a service I need

☐ My insurance covers only health care providers located elsewhere

**\* 13. Which hospital do you use for non-emergency care?**

☐ Washington Adventist

☐ Georgetown University

☐ George Washington University

☐ Holy Cross

☐ Howard University

☐ Providence

☐ Prince George's County

☐ Sibley Memorial

☐ Suburban

☐ Veterans Administration

☐ Washington Hospital Center

☐ Other (please specify)

## Services Received at WAH Page

**\* 1. Within the past year, did you or members of your immediate family receive services at Washington Adventist Hospital?**

☐ Yes

☐ No

## WAH Services Page

## Community Health Needs Survey

**\* 1. Within the past year, which of the following types of services did you or members of your immediate family receive at Washington Adventist Hospital? Enter all that apply**

- ☐ Bariatric/weight loss surgery
- ☐ Cardiac/heart care
- ☐ Cardiac rehabilitation
- ☐ CPR training
- ☐ Emergency room/urgent care
- ☐ General practice/primary care
- ☐ General surgery
- ☐ Immunizations
- ☐ Lab work
- ☐ Mental health care/therapy
- ☐ Neurology/stroke services
- ☐ Obstetrics/gynecology
- ☐ Oncology/cancer care
- ☐ Orthopedics, joint, rehabilitation medicine
- ☐ Pain management
- ☐ Pediatric care
- ☐ Radiology/X-ray/MRI
- ☐ Podiatry
- ☐ Sleep disorders
- ☐ Urology care
- ☐ Other (please specify)

### Services Received at Other Hospitals Page

**\* 1. Did you or members of your immediate family receive services from a facility OTHER than Washington Adventist Hospital?**

- ☐ Yes
- ☐ No

### Other Hospital Services Page

## Community Health Needs Survey

**\* 1. Within the past year, which of the following types of services did you or members of your immediate family receive at a facility OTHER than Washington Adventist Hospital? Enter all that apply.**

- ☐ After-hours urgent care
- ☐ Bariatrics/weight loss surgery
- ☐ Cardiac/heart care
- ☐ Cardiac rehabilitation
- ☐ CPR training
- ☐ Emergency room/urgent care
- ☐ General practice/primary care
- ☐ General surgery
- ☐ Immunizations
- ☐ Lab work
- ☐ Mental health care/therapy
- ☐ Neurology/stroke services
- ☐ Obstetrics/gynecology
- ☐ Oncology/cancer care
- ☐ Orthopedics, joint, rehabilitation medicine
- ☐ Pain management
- ☐ Pediatric care
- ☐ Radiology/X-ray/MRI
- ☐ Podiatry
- ☐ Sleep disorders
- ☐ Urology care
- ☐ Other (please specify)

## Relocation Plans Page

## Community Health Needs Survey

**\* 1. Washington Adventist Hospital (WAH) plans to relocate outside of Takoma Park. If you get your health care at WAH what will you do?**

- ☐ I do not know what I will do
- ☐ I don't usually get my health care at WAH
- ☐ I'll continue to use Washington Adventist
- ☐ I'll continue to use Washington Adventist if the hospital provides shuttle service from its current location
- ☐ I'll find another hospital
- ☐ Other (please specify)

**\* 2. If Washington Adventist Hospital locates elsewhere, how would you like to see the Takoma Park campus and facilities of Washington Adventist Hospital utilized?**

- ☐ Daycare facility
- ☐ Emergency/urgent care facility
- ☐ Fitness/Prevention/Wellness/Lifestyle facility
- ☐ Hospital
- ☐ Offices for businesses
- ☐ Offices for health-care providers
- ☐ Offices for non-profit organizations
- ☐ Park, athletic, or recreational facility
- ☐ Residential
- ☐ Retail or other commercial
- ☐ School
- ☐ Other (please specify)

## Association Memberships

## Community Health Needs Survey

**\* 1. To what Takoma Park area Neighborhood or Tenant Association do you belong or in what Tenant Association territory do you live? Choose one.**

- ☐ None. I do not know what neighborhood /tenant association territory I am in.
- ☐ 22/24 MANOR CIRCLE TENANT ASSOCIATION (Ward 3)
- ☐ 60 ELM AVENUE TENANTS ASSOCIATION (Ward 3)
- ☐ 636 HOUSTON TENANT'S ASSOCIATION (Ward 5)
- ☐ 641 HOUSTON ASSOCIATION (Ward 5)
- ☐ 710 HUDSON AVENUE TENANTS ASSOCIATION (Ward 5)
- ☐ 8210 ROANOKE AVENUE TENANTS ASSOCIATION (Ward 5)
- ☐ 8624/26 FLOWER AVENUE TENANT ASSOCIATION (Ward 5)
- ☐ ADAMS COURT TENANT ASSOCIATION (Ward 2)
- ☐ ASPEN CHERRY COLBY COMMUNITY ASSOCIATION (Ward 2)
- ☐ B.F. GILBERT CITIZENS ASSOCIATION (Wards 2 & 3)
- ☐ BETWEEN THE CREEKS ASSOCIATION (Ward 5)
- ☐ BOYD-CARROLL NEIGHBORHOOD ASSOCIATION (Ward 3)
- ☐ CIRCLE WOODS COMMUNITY ASSOCIATION (Ward 3)
- ☐ EDINBURGH TENANT ASSOCIATION (Ward 4)
- ☐ ERIE AVENUE TENANT ASSOCIATION (Ward 5)
- ☐ ESSEX HOUSE TENANT ASSOCIATION (Ward 4)
- ☐ HAMPSHIRE TOWERS TENANT ASSOCIATION (Ward 6)
- ☐ HILLTOP TENANT ASSOCIATION (7716-7736 MAPLE AVENUE) (Ward 4)
- ☐ HILLWOOD MANOR COMMUNITY ASSOCIATION (Ward 6)
- ☐ HILLWOOD MANOR RESIDENTS ASSOCIATION (Ward 6)
- ☐ HISTORIC TAKOMA, INC.
- ☐ HODGES HEIGHTS CITIZENS ASSOCIATION (Ward 1)
- ☐ LONGBRANCH-SLIGO CITIZENS ASSOCIATION (Ward 2)
- ☐ NEIGHBORS UNITED - (8508-10 FLOWER AVE.) (Ward 5)
- ☐ NEW HAMPSHIRE GARDENS CITIZENS ASSOCIATION (Ward 6)
- ☐ NEW HAMPSHIRE GARDENS TENANT ASSOCIATION (Ward 6)
- ☐ NORTH TAKOMA CITIZENS' ASSOCIATION (Ward 1)
- ☐ OLD TAKOMA BUSINESS ASSOCIATION (OTBA) (Ward 1)
- ☐ OLD TOWN - CARROLL NEIGHBORHOOD ASSOCIATION (Ward 1)



## Community Health Needs Survey

- ☐ OLD TOWN RESIDENTS' ASSOCIATION (Ward 1)
- ☐ PARKVIEW TOWERS TENANT ASSOCIATION (Ward 4)
- ☐ PINECREST COMMUNITY ASSOCIATION (Ward 3)
- ☐ RITCHIE CITIZENS ASSOCIATION (Ward 4)
- ☐ S.S. CARROLL CITIZENS ASSOCIATION (Ward 3)
- ☐ SLIGO CREEK LONG BRANCH NEIGHBORHOOD ASSOCIATION (Ward 2)
- ☐ SLIGO STATION CONDOMINIUM ASSOCIATION (Ward 5)
- ☐ SLIGO TENANT ASSOCIATION (Ward 2)
- ☐ SOUTH OF SLIGO CITIZENS ASSOCIATION (SOSCA) (Ward 2)
- ☐ TAKOMA FOUNDATION
- ☐ TAKOMA/LANGLEY CROSSROADS DEVELOPMENT AUTHORITY (Ward 6)
- ☐ THE REAL PARK RITCHIE TENANT ASSOCIATION (Ward 4)
- ☐ THE TAKOMA PHOENIX CONDOMINIUM UNIT OWNERS ASSOCIATION (Ward 4)
- ☐ VICTORY TOWER SENIOR ASSOCIATION (Ward 1)
- ☐ WESTMORELAND AREA COMMUNITY ORGANIZATION (WACO) (Ward 3)
- ☐ Other. Please specify association or territory in box (below)

## End of Survey

End of survey.

## **Attachment 2 - Neighborhood and Civic Associations Contacted**

**CITY OF TAKOMA PARK, MARYLAND**  
**LIST OF NEIGHBORHOOD ASSOCIATIONS,**  
**TENANT AND CONDOMINIUM ASSOCIATIONS, AND ORGANIZATIONS**  
(Revised 8/12/08)

**NEIGHBORHOOD/COMMUNITY ASSOCIATIONS**

1. BETWEEN THE CREEKS ASSOCIATION (Ward 5)

Keith Berner, President  
7902 Flower Avenue  
Takoma Park, MD 20912  
301-588-5080  
e-mail: [kberner@kberner.us](mailto:kberner@kberner.us)

2. B.F. GILBERT CITIZENS ASSOCIATION (Wards 2 & 3)

Bill Kules, Contact Person  
7006 Poplar Avenue  
Takoma Park, MD 20912  
301-270-4325 (H)  
e-mail: [wmk@takomasoftware.com](mailto:wmk@takomasoftware.com)  
Comment: Meets as needed.

3. BOYD-CARROLL NEIGHBORHOOD ASSOCIATION (Ward 3)

(300 block of Boyd Ave. - Carroll to Jackson, and the portion of Carroll that is adjacent to that block of Boyd - [which is the] lower part of the 7400 block of Carroll, odd side only)  
e-mail: [robvalente@worldnet.att.net](mailto:robvalente@worldnet.att.net)

4. HILLWOOD MANOR COMMUNITY ASSOCIATION (Ward 6)

Michael D. Moore  
7201 13<sup>th</sup> Avenue  
Takoma Park, MD 20912  
301-434-6359  
e-mail: [takomamike@starpower.net](mailto:takomamike@starpower.net)

5. HODGES HEIGHTS CITIZENS ASSOCIATION (Ward 1)

Glenda Kapsalis, Association Contact  
223 Grant Avenue  
Takoma Park, MD 20912  
301-920-2226  
e-mail: [glenda@fotoGR.com](mailto:glenda@fotoGR.com)

6. LONGBRANCH-SLIGO CITIZENS ASSOCIATION (Ward 2)

Eileen Sobeck, President  
7637 Carroll Avenue  
Takoma Park, MD 20912  
301-891-3106  
e-mail: [eileensobeck@comcast.net](mailto:eileensobeck@comcast.net)

7. NEW HAMPSHIRE GARDENS CITIZENS ASSOCIATION (Ward 6)

Christopher Victoria  
1104 Merwood Drive  
Takoma Park, MD 20912  
301-439-3930  
e-mail: [christopher.victoria@gmail.com](mailto:christopher.victoria@gmail.com)

8. NORTH TAKOMA CITIZENS' ASSOCIATION (Ward 1)

Jim Evans, President  
703 New York Avenue  
Takoma Park, MD 20912  
301-495-0313

e-mail: [jameseevans@starpower.net](mailto:jameseevans@starpower.net)

9. OLD TOWN - CARROLL NEIGHBORHOOD ASSOCIATION (Ward 1)

Contact: Milan Pavich

7113 Carroll Avenue

Takoma Park, MD 20912

301-270-2792

e-mail: [mpavich33@aol.com](mailto:mpavich33@aol.com)

10. OLD TOWN RESIDENTS' ASSOCIATION (Ward 1)

Seth Grimes, President

7300 Willow Avenue

Takoma Park, MD 20912

301-270-0795

e-mail: [grimes@altaplana.com](mailto:grimes@altaplana.com)

Web site: <http://takotra.org>

E-mail list: <http://groups.yahoo.com/group/takotra>

11. RITCHIE CITIZENS ASSOCIATION (Ward 4)

Richard Payne, President

39 Oswego Avenue

Takoma Park, MD 20910-5107

301-495-4851

e-mail: [richard\\_payne2@msn.com](mailto:richard_payne2@msn.com)

12. SOUTH OF SLIGO CITIZENS ASSOCIATION (SOSCA) (Ward 2)

Larry Rubin

417 Lincoln Ave.

Takoma Park, MD 20912

home: 301-270-2130

e-mail: [lwrubin@aol.com](mailto:lwrubin@aol.com)

13. S.S. CARROLL CITIZENS ASSOCIATION (Ward 3)

Kay Daniels-Cohen

19 Sherman Avenue

Takoma Park, MD 20912

301-270-1084 (home)

301-351-5335 (work)

e-mail: [kaydanco@gmail.com](mailto:kaydanco@gmail.com)

14. WESTMORELAND AREA COMMUNITY ORGANIZATION (WACO) (Ward 3)

Bruce Moyer

6907 Westmoreland Avenue

Takoma Park, MD 20912

301-270-8115 (work)

e-mail: [brumoyer@verizon.net](mailto:brumoyer@verizon.net)

## TENANT AND CONDOMINIUM ASSOCIATIONS

15. ADAMS COURT TENANT ASSOCIATION (Ward 2)

Attn: Victoria Mends-Cole

703 Ethan Allen Avenue, Apt. 204

Takoma Park, Md. 20912

202-679-7311

e-mail: [actenants@hotmail.com](mailto:actenants@hotmail.com)

16. EDINBURGH TENANT ASSOCIATION (Ward 4)

Attn: Eileen Glew

7513 Maple Avenue, Apt. 204

Takoma Park, MD 20912

301-891-8493

e-mail: [ciglew@yahoo.com](mailto:ciglew@yahoo.com)

17. 60 ELM AVENUE TENANTS ASSOCIATION (Ward 3)

Ellen Gorman - Coordinator  
Alice Cashman - Coordinator  
60 Elm Avenue  
Takoma Park, Md. 20912  
301- 270-4292  
e-mail: [egorman1016@hotmail.com](mailto:egorman1016@hotmail.com)

18. ESSEX HOUSE TENANT ASSOCIATION (Ward 4)

Debrah Carr  
7777 Maple Avenue #901  
Takoma Park, MD 20912  
301-270-5717  
e-mail: [deedeecarr@peoplepc.com](mailto:deedeecarr@peoplepc.com)  
Comments: Meetings are held quarterly, or as needed.

19. HILLWOOD MANOR RESIDENTS ASSOCIATION (Ward 6)

Jonathan Reed, President  
1210 Myrtle Ave Apt 203  
Takoma Park MD 20912  
301-891-0972  
e-mail: [Jonathanreed@hotmail.com](mailto:Jonathanreed@hotmail.com)

20. 22/24 MANOR CIRCLE TENANT ASSOCIATION (Ward 3)

Ebony Clark  
Unit 206  
22 Manor Circle  
Takoma Park, Md. 20912  
e-mail: [ejclark\\_2000@yahoo.com](mailto:ejclark_2000@yahoo.com)

21. SLIGO TENANT ASSOCIATION (Ward 2)

Lydia Kengwa, President  
717 Sligo Creek Parkway, Apt. 403  
Takoma Park, MD 20912  
240-271-6535 e-mail: [lkengwa@yahoo.com](mailto:lkengwa@yahoo.com)

22. THE TAKOMA PHOENIX CONDOMINIUM UNIT OWNERS ASSOCIATION (Ward 4)

Daphne Williams  
7611 Maple Avenue, Apt. 307  
Takoma Park, MD 20912  
e-mail: [daphnew@aol.com](mailto:daphnew@aol.com)

23. VICTORY TOWER SENIOR ASSOCIATION (Ward 1)

Anne Ludlow, President  
7051 Carroll Avenue, Apt. 1101  
Takoma Park, MD 20912  
301-891-3620  
e-mail: [Aludlow@verizon.net](mailto:Aludlow@verizon.net)  
Comments: Resident Council meets the third Thursday of each month at Victory Tower.

## OTHER ORGANIZATIONS

24. OLD TAKOMA BUSINESS ASSOCIATION (OTBA) (Ward 1)

Pennye Jones-Napier, President  
Roz Grigsby, Executive Director  
P.O. Box 5440  
Takoma Park, MD 20912 240-253-4229  
e-mail: [execdirector@takomaonline.com](mailto:execdirector@takomaonline.com)

25. TAKOMADC

e-mail: [TakomaDC@yahoogroups.com](mailto:TakomaDC@yahoogroups.com)

26. Takoma Park Community Action Group  
e-mail: [cleoworks@comcast.net](mailto:cleoworks@comcast.net)

27. TAKOMA/LANGLEY CROSSROADS DEVELOPMENT AUTHORITY (Ward 6)

Neel Teague, President

Erwin H. Mack, Executive Director

7676 New Hampshire Avenue, Suite 303

Takoma Park, MD 20912

301-445-7910

e-mail: [taklangCDA@aol.com](mailto:taklangCDA@aol.com)

Comments: Meetings held monthly on the 2<sup>nd</sup> Thursday, 8:30 a.m., in Suite 300 of 7676 New Hampshire Ave.

28. TAKOMAPACC

e-mail: [takomapakk@yahoogroups.com](mailto:takomapakk@yahoogroups.com)

### **Attachment 3 - E-Mail Sent to Community Leaders**

Dear Community Leader:

This letter is to request your assistance in disseminating and collecting a survey on the health care needs of Takoma Park residents.

The Takoma Park City Council appointed a Health Services Impact Committee (HSIC) to assess the impact of the Washington Adventist Hospital's decision to relocate outside of Takoma Park upon the Takoma Park community. In addition to holding open meetings around the City to discuss the health care needs of Takoma Park residents, the HSIC developed a Community Health Care Needs Survey as another way for the elected officials in Takoma Park to learn more about what services people regularly use, what they need, and what they may want. We need your help in getting this survey completed by as many Takoma Park residents as possible.

The survey can be completed both online and in hard copy. Of course, the online version is preferable because the data is automatically entered into a database and avoids the possibility of data entry errors. But both online and hard copy versions are welcome.

There are two ways in which you can help us with the survey. The first is by asking your members to complete either the online or hard copy of the survey. Attached is a sample letter that you may use to ask your members to do that. The URL to complete the survey online is provided in the attached sample letter. A hard copy of the survey is attached to this letter.

The second is by providing us with a listing of your members so that we can ask them to complete the survey. If you prefer using this approach, please send us an electronic copy of your membership list to [ivonnerive@aol.com](mailto:ivonnerive@aol.com) or a hard copy of your mailing list to:

The Rivera Group  
3303 9<sup>th</sup> Street, NE  
Washington, DC 20017

If you have any questions relating to the survey, please call The Rivera Group at 202-635-2900. Thank you for your services to our city and residents and for your time and effort in disseminating this survey.

Sincerely,  
The Health Service Impact Committee



**Attachment 4 - Sample Letter to Neighborhood and Civic Association Members**

[Letterhead]

Note: You may receive more than one copy of this letter if you are on other Takoma Park mailing lists. We apologize for this inconvenience.

Dear member:

Last spring, the Takoma Park City Council appointed a Health Services Impact Committee (HSIC) to assess the impact of the Washington Adventist Hospital's decision to relocate outside of Takoma Park upon the Takoma Park community. In addition to holding open meetings around the City to discuss the health care needs of Takoma Park residents, the HSIC developed a Community Health Care Needs Survey as another way for the elected officials in Takoma Park to learn more about what services people regularly use, what they need, and what they may want.

The purpose of the survey is to gather information about our health care needs and about the kinds of health care services we utilize. Our input will help identify the most pressing health care concerns among Takoma Park residents.

Please be aware that our responses are confidential. It is not necessary for us to provide our name or contact information unless we want to.

If you have participated in the focus groups or previously completed this survey, please do not fill out another. For the survey results to be valid and helpful to city and county officials, it is important that an individual only complete this survey one time.

If you have Internet access, please complete the survey online. You can access the survey at: [https://www.surveymonkey.com/s.aspx?sm=d2UFiSvGrxQIFxiz0h\\_2fUXQ\\_3d\\_3d](https://www.surveymonkey.com/s.aspx?sm=d2UFiSvGrxQIFxiz0h_2fUXQ_3d_3d)

If you complete the survey online, please be aware that your computer's browser may have a time limit on how long you can be away from your computer before your browser times out. If this occurs, you may need to start the survey over again. Please set aside approximately 10 minutes to complete the survey to prevent this from occurring.

If you do not have Internet access, please complete the attached hard copy of the survey and mail it to:

The Rivera Group  
3303 9<sup>th</sup> Street, NE  
Washington, DC 20017

The survey will terminate on [insert date] at midnight, so please complete the survey as soon as possible. If you have any questions relating to the survey, please call The Rivera Group at 202-635-2900. Our opinion is very important! Let's get counted!

Thank you for your time and effort.

Sincerely, [Your Name]

## Attachment 5 – Screener

<<>> Recruitment Screener: City of Takoma Park Community Health Needs Assessment,  
- The Rivera Group, LLC

**SPECIFICATIONS:** City of Takoma Park residents. Adults ages 18 and older, get a mix of male and female at least 30% male). One group, recruit 12 for a show of 10 participants.

\*[BEGIN INTERVIEW AT ASTERISK BELOW. COMPLETE BOX WHEN INTERVIEW IS COMPLETED]

Name _____ Phone # _____		
Address _____		
_____ Zip _____		
( ) Male	( ) Female	Age _____
Race/Ethnicity: ( ) African ( ) Latino ( ) Other		

1. \*[BEGIN INTERVIEW HERE] Hello, I'm \_\_\_\_\_ calling from The Rivera Group, an opinion research firm. We're currently arranging a group discussion as part of a study with the City of Takoma Park to talk about health care. The study is sponsored by the City of Takoma Park and it is about health care issues. (Participating will not affect benefits in any way.) I'd like to ask you just a few questions. Then, if appropriate and if you're interested, I'd like to invite you to participate in the group. In the group you will discuss your experiences getting health care in Takoma Park. **You will be compensated \$50 for attending the complete 2 hours focus group session.**

2. Do you live in Takoma Park?

- ( ) Yes – Continue  
( ) No – Terminate

*The next questions are for classification purposes only.*

4. How old are you? \_\_\_\_\_ [GET SOME MIX 18- 65. IF younger than 18 [THANK&TERMINATE]

5. In terms of ethnic or racial background, which are you... Black, White, Hispanic, Asian or other?

- ( ) Black ( ) White ( ) Asian ( ) Hispanic (Other) \_\_\_\_\_

6. [RECORD PARTICIPANT(S) GENDER. AS HEARD. DO NOT ASK GENDER.]	( ) Male ( ) Female	[AT LEAST 30% MALE. TRY TO GET A 40/60 or 50/50 MIX]
---	------------------------	--

7. [IF PERSON MEETS QUOTAS FOR THE FOCUS GROUP, CONTINUE WITH THE FOLLOWING:]  
The group discussion is being held on \_\_\_\_\_, from \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_. **Snacks and beverages will be served and you will receive \$50 after completion of 2 hours focus group session.** Would you like to join us?

## **Attachment 6 - Community Health Needs Survey Form**

# CITY OF TAKOMA PARK

## Health Services Impact Committee

### Community Health Needs Survey

*Information that might identify you or your family will be kept confidential. This survey is anonymous. The City of Takoma Park will not share your individual responses with anyone without your permission.*

*Responses to this survey are completely confidential.*

# Takoma Park Health Services Impact Committee

## SURVEY BACKGROUND

*Who are we?* We are your neighbors, residents of Takoma Park who were asked by the City Council to report to it on the health needs of the community.

*Why a survey?* The purpose of this survey is to get your views on community health care needs. Your input will help identify the most pressing health care concerns of people living in and around Takoma Park, MD.

*Why a questionnaire?* We want to hear from people what they need. We are holding open meetings and trying to reach people on the Internet. Asking people to fill out a questionnaire is another way for us to hear what people need.

*Are responses confidential?* Yes. You don't have to tell us your name or how to reach you unless you want to.

*Please take a few moments to complete the survey below. If you have previously completed this survey, please don't fill out another. Your opinion is important! Thank you, and if you have any questions please contact us (see contact information below).*

## INSTRUCTIONS

- ◆ Answer all the questions by checking the box to the left of your answer.
- ◆ You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

☒ Yes ➔ *If Yes, Go to Question 1 on Page 1*

☐ No

Ready to start? Here we go!

---

ABOUT YOU
-----------

Where do you live?

- 1 ☐ Takoma Park, MD.  
2 ☐ Silver Spring, MD.  
3 ☐ Other Montgomery County, MD.  
4 ☐ Prince George's County, MD.  
5 ☐ Washington, DC.  
6 ☐ Other \_\_\_\_\_.

Do you live –

- 7 ☐ In a house you or your family own.  
8 ☐ In an apartment building.  
9 ☐ In a rented house or an apartment in a house.  
10 ☐ In a condominium apartment you or your family own.  
11 ☐ Somewhere else \_\_\_\_\_.

Are you –

- 12 ☐ Male.  
13 ☐ Female.

Are you – mark one or all that apply –

- 14 ☐ Living alone.  
15 ☐ Living with spouse or a partner.  
16 ☐ Living with a child or children under 18.  
17 ☐ Living with an adult child or children.  
18 ☐ Living with parent(s), sibling, or other relative(s).  
19 ☐ Living in a group house with unrelated adults.

What year were you born? *[fill in two digits]* 19 \_\_\_\_\_

How many people live in your household? \_\_\_\_\_

SUPPLEMENTAL QUESTIONS
------------------------

If you live in Takoma Park, in what Takoma Park voting Ward do you reside?

- 20 ☐ Ward 1 (Council Member Joy Austin-Lane).



- 21 ☐ Ward 2 (Council Member Colleen Clay).  
22 ☐ Ward 3 (Council Member Bruce Williams).  
23 ☐ Ward 4 (Council Member Terry Seamens).  
24 ☐ Ward 5 (Council Member Reuben Snipper).  
25 ☐ Ward 6 (Council Member Doug Barry).  
26 ☐ Not sure.  
27 ☐ Do not live in Takoma Park.

Are you working?

- 28 ☐ Part time  
29 ☐ Full time  
30 ☐ Unemployed  
31 ☐ Homemaker  
32 ☐ Retired  
33 ☐ In school full time  
34 ☐ Other  
35

36 If working, what is your occupation \_\_\_\_\_

What is the highest grade or level of school that you have completed?

- 37 ☐ I did not attend school  
38 ☐ 8th grade or less  
39 ☐ Some high school, but did not graduate  
40 ☐ High school diploma  
41 ☐ Some college, but did not graduate  
42 ☐ Some college or 2-year degree  
43 ☐ 4-year college graduate

What race/ethnic group do you most identify with?

- 44 ☐ African-American / Black  
45 ☐ Asian  
46 ☐ Hispanic / Latino  
47 ☐ Native American  
48 ☐ White / Caucasian  
49 ☐ Other (please specify): \_\_\_\_\_

What is your annual household income?

- 50 ☐ Less than \$20,000  
51 ☐ \$20,000-\$39,999  
52 ☐ \$40,000-\$59,999  
53 ☐ \$60,000-\$79,000  
54 ☐ \$80,000-\$99,999  
55 ☐ \$100,000-\$249,999  
56 ☐ \$250,000 or more

What is your country of origin?

- 57 ☐ Africa  
58 What country \_\_\_\_\_  
59 ☐ Latin America / Caribbean  
60 What country \_\_\_\_\_

What is the highest grade or level of school that you have completed?

- 61 ☐ Less than 1 year  
62 ☐ 1-3 years  
63 ☐ 3-5 years  
64 ☐ 6-10 years  
65 ☐ More than 10 years

Do you speak English?

- 66 ☐ Very well  
67 ☐ Well  
68 ☐ Not well  
69 ☐ Not at all  
70

Do you have health insurance?

- 71 ☐ Yes Name of health insurance \_\_\_\_\_  
72 ☐ No  
73

THANK YOU

**Attachment 7 - Informed Consent for Focus Group Research Form**

**Project Title:** City of Takoma Park Community Health Needs Assessment

**Principal Investigator:** Ivonne Rivera, MPH

**Agency:** City of Takoma Park

## **Informed Consent for Focus Group Research**

### INTRODUCTION

We invite you to take part in an investigational research study on the topic of Community Health Needs Assessment in the City of Takoma Park, MD. You were selected as a possible participant in this study because you are an individual 18 years and older who resides in Takoma Park. Please take your time to read this form, ask any questions you may have and make your decision.

### WHAT IS THE PURPOSE OF THIS STUDY?

This study is being conducted to help identify the most pressing health care concerns of residents of the City of Takoma Park, MD.

### WHAT ELSE SHOULD I KNOW ABOUT THIS RESEARCH STUDY?

It is important that you read and understand several points that apply to all who take part in studies:

- Taking part in the study is entirely voluntary and refusal to participate will not affect any rights or benefits you normally have;
- You may or may not benefit from taking part in the study, but knowledge may be gained from your participation that may help others; and
- You may stop your participation in the study at any time without any penalty or losing any of the benefits you would have normally received.

Details about this study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study. You will be given a copy of this consent form. You should ask the researchers named above, or staff members who may assist them, any questions you have about this study at any time.

### WHO IS IN CHARGE OF THIS STUDY?

The investigator is Ivonne Rivera, MPH from the Rivera Group, LLC. The research is being sponsored by The City of Takoma Park.

### WHO CANNOT PARTICIPATE IN THIS STUDY?

You cannot be in this study if any of the following apply to you:

- You are under 18 years of age
- You are not a resident of the City of Takoma Park, MD
- You are employed in marketing research

### HOW MANY PEOPLE WILL TAKE PART IN THE STUDY?

About 60 people will take part in this study.

### WHAT HAPPENS IF I AGREE TO BE IN THE STUDY?

If you agree to take part in this study, you will participate in the discussion group in your community – the group will consist of other participants living in the City of Takoma Park, MD.

During the group discussion, you will be asked to discuss ideas about health issues related to yourself, your family and your community. The discussion will be held at a community-based location.

The conversation is typically tape-recorded; however, the purpose of the tapes is simply to provide an accurate record of the conversation. Participants are advised to use first names only or a first name/alias of their choice.

### HOW LONG WILL I BE IN THE STUDY?

The group will last approximately two hours and will include up to ten participants. There is no plan or intention to contact any of the participants in the future.

There are no consequences associated with not participating in the study.

### WHAT ARE THE RISKS AND SIDE EFFECTS OF THIS STUDY?

This research project is limited to group discussion and is not associated with any risk or side effects. In case of injury resulting from participation, the sponsors of this research will not provide compensation.

### ARE THERE ANY BENEFITS TO TAKING PART IN THE STUDY?

This study is not designed to provide direct benefits to any participants. However, participants will be provided \$50 in cash as a token of appreciation for the time they take to participate.

You may or may not obtain any other direct benefit from being in this study. We cannot promise that you will experience any benefits from participating in this study. We hope that the information learned from this study will benefit others in the future.

### WHAT OTHER OPTIONS ARE THERE?

You always have the option to not attend the group discussion. You may also choose to participate in the discussion and you may choose to respond or not respond at any point during the discussion. The focus group discussion will be audio taped so that comments can be transcribed for analysis.

### WHAT ABOUT CONFIDENTIALITY?

Your personal health information (PHI) will not be collected for participation in the study. You will not be identified by name in any publications resulting from this study. By signing this form you give permission to the investigator to record the group discussion by audiotape and review the contents of those tapes for purposes of writing and disseminating a report on the information discovered during this study without personal identifiers or your personal health information. If you do not wish to sign this permission form you will not be allowed to participate in this study.

### WILL I BE PAID FOR PARTICIPATING IN THIS STUDY?

You will be paid for being in this study. Your compensation will be \$50 in cash and you will receive it at the end of the two-hour group discussion

### WHAT ARE THE COSTS?

You do not have to pay anything to be in this study.

### WHAT CONSULTATIVE OR FINANCIAL INTERESTS ARE INVOLVED IN THIS STUDY?

For your information, Maria Ivonne Rivera, MPH, has a reportable financial interest in this study. She is a paid consultant to the agency sponsoring this study.

### WHAT ARE MY RIGHTS AS A PARTICIPANT?

- You have the right to be told about the nature and purpose of the study;
- You have the right to be given an explanation of exactly what will be done in the study and given a description of potential risks, discomforts, or benefits that can reasonably be expected;
- You have the right to ask any questions you may have about the study;
- You have the right to decide whether or not to be in the study without anyone misleading or deceiving you; and
- You have the right to receive a copy of this consent form.

By signing this form, you will not give up any legal rights you may have as a research participant. You may choose not to take part in or leave the study at any time. If you choose to not take part in or to leave the study, your regular care will not be affected and you will not lose any of the benefits you would have received normally. We will tell you about new information that may affect your health, welfare, or willingness to be in this study.

### WHO DO I CALL IF I HAVE QUESTIONS OR PROBLEMS?

For questions about the study, contact the investigator, Ivonne Rivera, MPH, at (202) 635-2900, or Ms. Venita George, Assistant Manager, City of Takoma Park at (301) 891-7266 or write to City of Takoma Park, MD, 7500 Maple Avenue. Takoma Park, MD 20912. Attention: Ms. Venita George.

### **SIGNATURES**

As a representative of this study, I have explained the purpose, the procedures, the possible benefits and risks that are involved in this research study. Any questions that have been raised have been answered to the individual's satisfaction.

---

Signature of Person Obtaining Consent

---

Date of Signature

I, the undersigned have been informed about this study's purpose, procedures, possible benefits and risks, and I have received a copy of this consent. I have been given the opportunity to ask questions before I sign, and I have been told that I can ask other questions at any time. I voluntarily agree to be in this study.

---

Participant's Signature

---

Date of Signature

---

Signature of Witness

---

Date of Signature

## **Attachment 8 - Moderator's Guide**



# Research Moderator's Guide

Project: Community Health Needs Focus Groups

Client: City of Takoma Park, Health Services Impact Committee

Date: March 30, 2008

Prepared by: Ivonne Rivera, MPH

## Overview

Group Number	Location	Date	Time	Characteristics
1	Casa de Maryland	4/19/08	8:00 – 10:00 am	Spanish speaking participants
2	Casa de Maryland	4/19/08	10:00- 12:00 pm	Spanish speaking participants
3	City of Takoma Park	TBA	TBA	French speaking participants
4	City of Takoma Park	TBA	TBA	Amharic speaking participants
5	TBA	TBA	TBA	English speaking participants

### Study Purpose

The Health Services Impact Committee of The City of Takoma Park seeks to collect information about community health needs from Takoma Park residents who speak Spanish, French, and Amharic, as well as from Senior Citizens and people who are disabled.

### Intended Outcomes

The findings of these focus groups will help identify the most pressing health concerns of people living in and around Takoma Park, MD.

### Roadmap of Planned activities

Discussion Categories	Approximate Time Set Aside
Opening Remarks and Introduction	15 minutes
Issue A: Your Health Care in the last 12 months	40 minutes
Issue B: Takoma Park facilities and issues	30 minutes
Issue C: Where you go for health care	30 minutes
Issue D: Closing	5 minutes
Total Time Available	120 Minutes

## DISCUSSION GUIDE

<b>Introduction</b>	<p>Hello. My name is _____ and I'm the moderator for today's group. The City of Takoma Park is sponsoring this study. The main purpose of our discussion is to collect your opinions about the current health needs of residents of Takoma Park, Maryland. It is very important for the City of Takoma Park to listen to your opinions about your health needs. I am an independent consultant working with The Rivera Group. Feel free to make negative or positive comments about any of the things we'll be discussing today. This is a free-flowing discussion and there are no wrong answers. Let me introduce our Focus group assistants: _____ and _____.</p>
<b>Disclosures</b>	<ol style="list-style-type: none"> <li>1. Discussion Group Setting: Mention observers and audio taping</li> <li>2. The session is being taped so that I can write an accurate report afterwards, not of "who said what," but "what was said." Your name will not be used in the report.</li> </ol>
<b>Guidelines</b>	<p>This session will last two hours. In order to make this a useful research session, there are some guidelines to follow:</p> <ol style="list-style-type: none"> <li>1. Please talk one at a time and in a voice at least as loud as mine.</li> <li>2. I need to hear from everyone, and to the degree possible, let's have equal "air time," so that everybody talks about the same amount – nobody talks too much and nobody talks too little.</li> <li>3. There are no right or wrong answers to the questions I ask – there are different points of view. It's valuable for me to hear all points of view, so it's especially important to speak up when you disagree with what someone else has said. I also want to assure you that I won't be hurt or penalized by any criticism you might have.</li> <li>4. I may need to move to other topics sooner than you are ready, and I may have to cut a conversation short in the interest of time. If I interrupt you, please know that it is not personal – I just want to get to everything that is planned. You're welcome to speak to me after the group ends so that I can be sure to get all of your thoughts and comments.</li> </ol>
<b>Permission</b>	<p>I'd like to remind you not to smoke in this room. You are welcome to excuse yourself to go to the restroom or to get more food or beverages at any time. I ask that only one person be up or about at a time.</p>

## Self-Intros

Before we get started, let's introduce ourselves to each other. Let's go around the room and tell us:

Your first name,

- For Ethnic groups only: What country you are from
- What you do for fun (a favorite leisure-time activity)

## Issue A: Your health care in the last 12 months (40 minutes)

1. In general, how would you consider your health?

Probe: Excellent, very good, good, fair, poor

2. Are you (or a family member you live with) being treated regularly for a disease, illness, or condition? Moderator: Write information on flip chart

Probe: Asthma or other respiratory issues, cancer, active or in remission, Diabetes, Heart disease, Kidney/renal failure (dialysis), Pain or Disability

3. How frequently does this happen? Moderator: Write information on flip chart

Probe: Two times a week, Every week or two, Every 3-to-6 weeks, Two or 3 times per year, Yearly or less frequently

4. What are your biggest health concerns or needs?

Probe: Access to care for everyday problems, access to an Emergency Room for major emergencies, availability of care in my language, Chronic condition, Cost – my ability to pay for health care, Lack of/inadequate insurance, Cost of prescription drugs, Dentistry or oral health, Eating disorders, Food or nutrition, Weight or obesity, Surgery, Therapy (physical, occupational, speech, mental health, chiropractic, chronic pain), Transportation – getting to my provider, Something else?

5. Tell me, how do you pay for health care?

Probe: Out of pocket, insurance through job, insurance through self-pay or family, Medicare, Medicaid, Free clinics or services, what else?

6. Do you participate regularly in Prevention/Wellness/Fitness activities?

Probe: If not, why not?

Not interested, facilities not available, what will make you participate?

7. What Prevention/Wellness/Fitness activities do you use?

Probe: Hospital-based wellness/fitness seminars or classes,

Other wellness/fitness seminars or classes,

Gym or fitness center,

Walking, cycling, jogging or other aerobic activities?

8. When you need a checkup, want advice about a health problem or get sick or hurt? Where do you go?

Probe: Emergency room, physician, physician assistant, nurse practitioner or healer?

9. Do you have a primary care provider?

Probe: Physician, physician assistant, nurse practitioner

10. If you could choose a primary care provider, where would you go?

Probe: A physician, a physician's assistant, a nurse practitioner.

11. In the last 12 months, not counting emergency-room visits, how many times did you go to a doctor's office or clinic to get health care for yourself?

Probe: If not, why not?

### **Issue B: Takoma Park Facilities and Issues (30 minutes)**

Participants: In the pad in front of you please write the following answers:

Moderator: write on flipchart

1. If you could decide what facilities/health services should be included in the City of Takoma Park, what would they be and why?
2. What would be the three most important health issues for you as residents of the City of Takoma Park and why?
3. In the last 12 months have you gotten health care OUTSIDE Takoma Park?  
Probe: My doctor or hospital of choice is in another location  
No local provider offers a service I need  
My insurance covers only health care providers located elsewhere

### **Issue C: Where you go for health care (30 minutes)**

1. What hospital do you use for non-emergency care?
2. For those of you who mentioned Washington Adventist Hospital, within the past year, which types of services did you or members of your immediate family receive?
3. For those of you who mentioned a facility OTHER THAN Washington Adventist Hospital, what type of services did you or members of your immediate family receive?
4. Washington Adventist Hospital plans to relocate outside of Takoma Park. If you get your health care at WAH, what will you do?  
Probe:  
I'll continue to use Washington Adventist  
I'll continue to use Washington Adventist if the hospital provides shuttle service from its current location  
I don't usually get my health care at WAH  
I'll find another hospital  
I do not know what I will do.
5. If Washington Adventist Hospital relocates elsewhere, how would you like to see the Takoma Park campus and facilities of Washington Adventist Hospital utilized?  
Probe:  
Emergency/urgent care facility

Fitness/Prevention/Wellness/Lifestyle facility  
Hospital  
Offices for health-care providers  
Offices for non-profit organizations  
Offices for businesses  
Park, athletic, or recreational facility  
School  
Residential  
Retail or other commercial

---

**Issue D: Closing (5 minutes)**

Do you have any additional comments or suggestions about unmet health care needs in this area for Takoma Park residents?



**CLOSE &  
ACKNOWLEDGEMENTS**

Thanks for coming today and providing your opinions.  
Your comments have been very helpful and insightful.

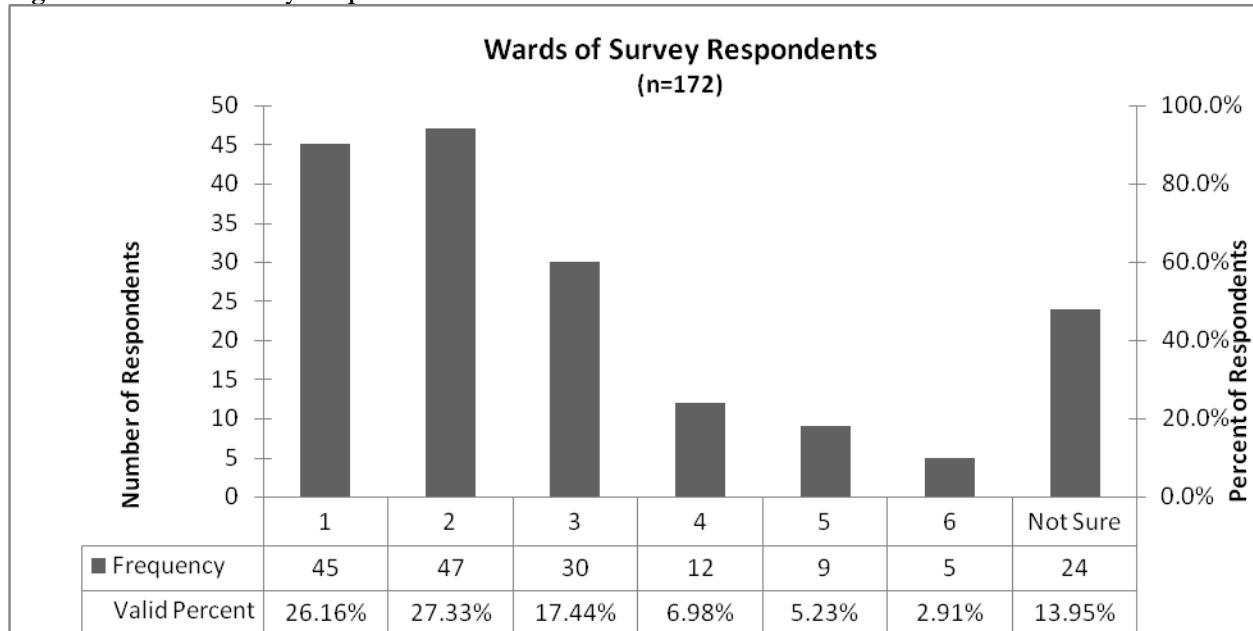
## **Attachment 9 – Participant Demographic Characteristics**

## Demographic Characteristics

### Survey Instrument Respondents

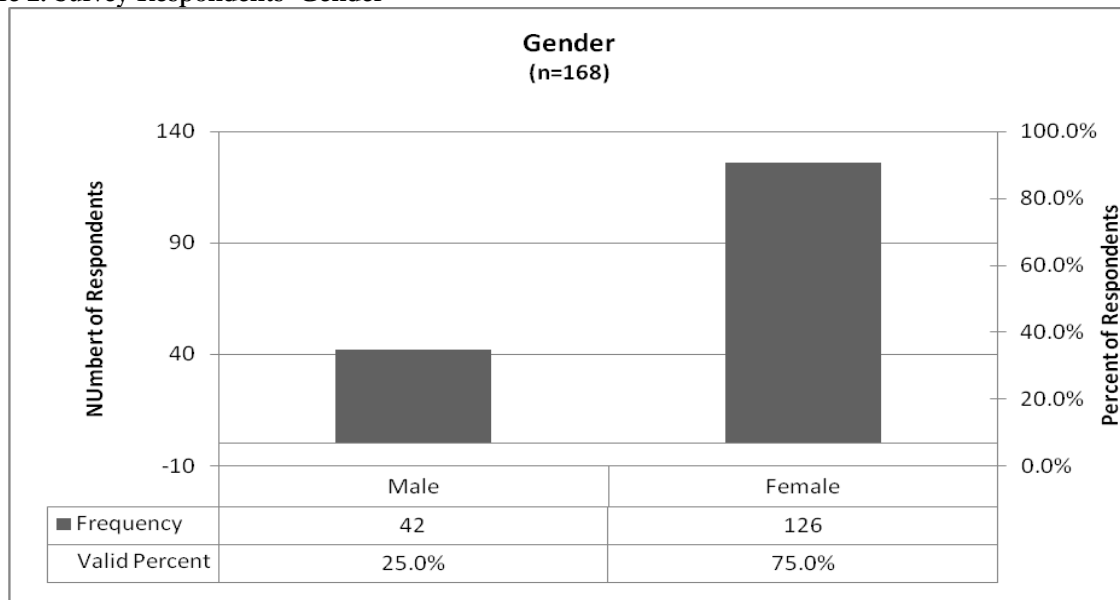
Most survey respondents lived in Wards 1, 2 and 3 and several were unsure of the ward they lived in.

Figure 1: Wards of Survey Respondents



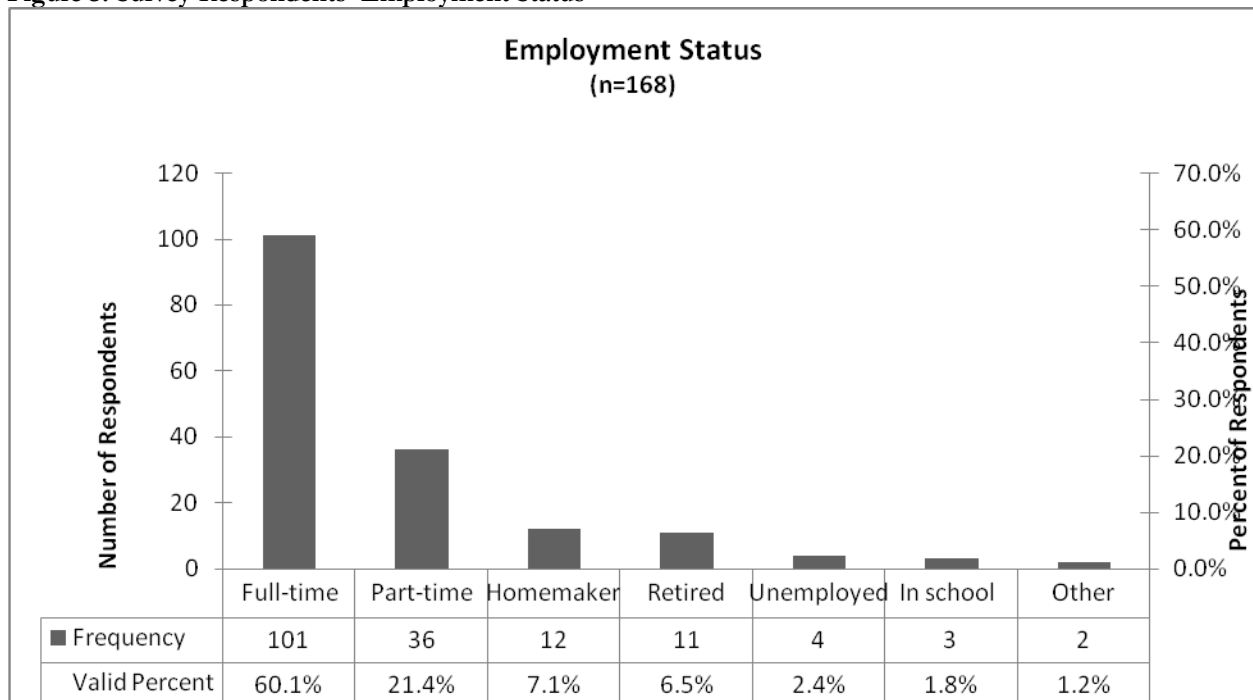
Most survey participants were female.

Figure 2: Survey Respondents' Gender



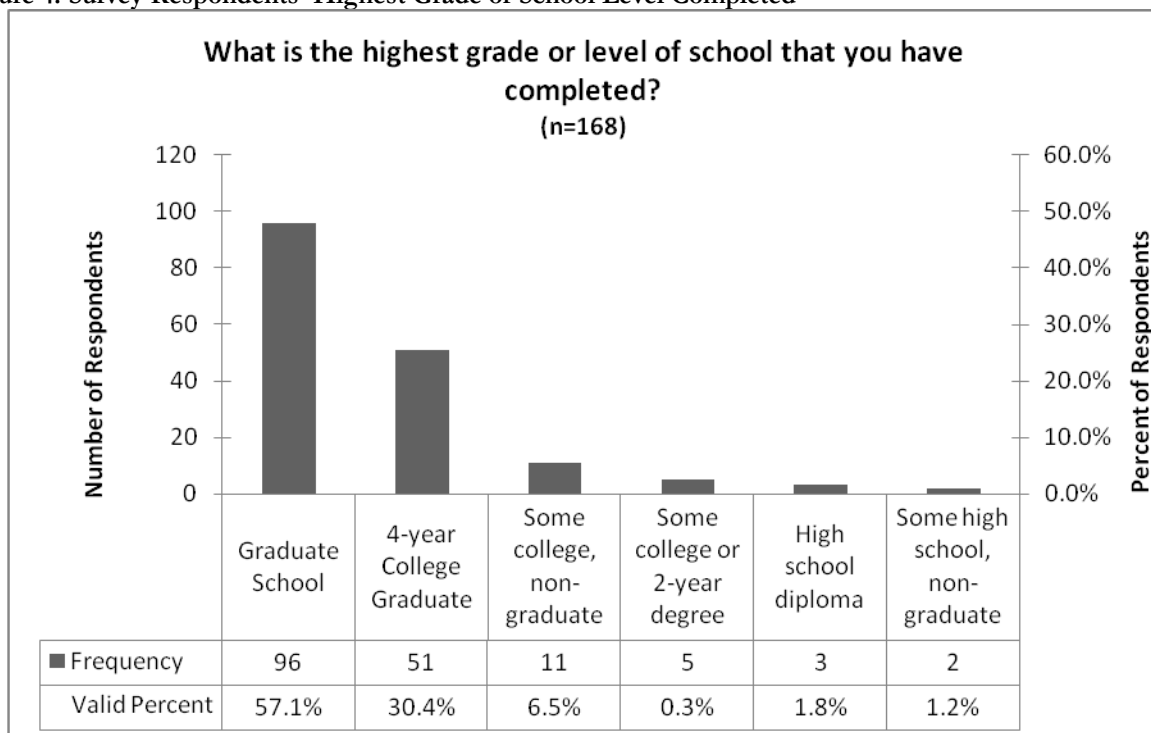
Most survey respondents were employed either full or part time.

**Figure 3: Survey Respondents' Employment Status**



Most survey participants had a graduate school or undergraduate education.

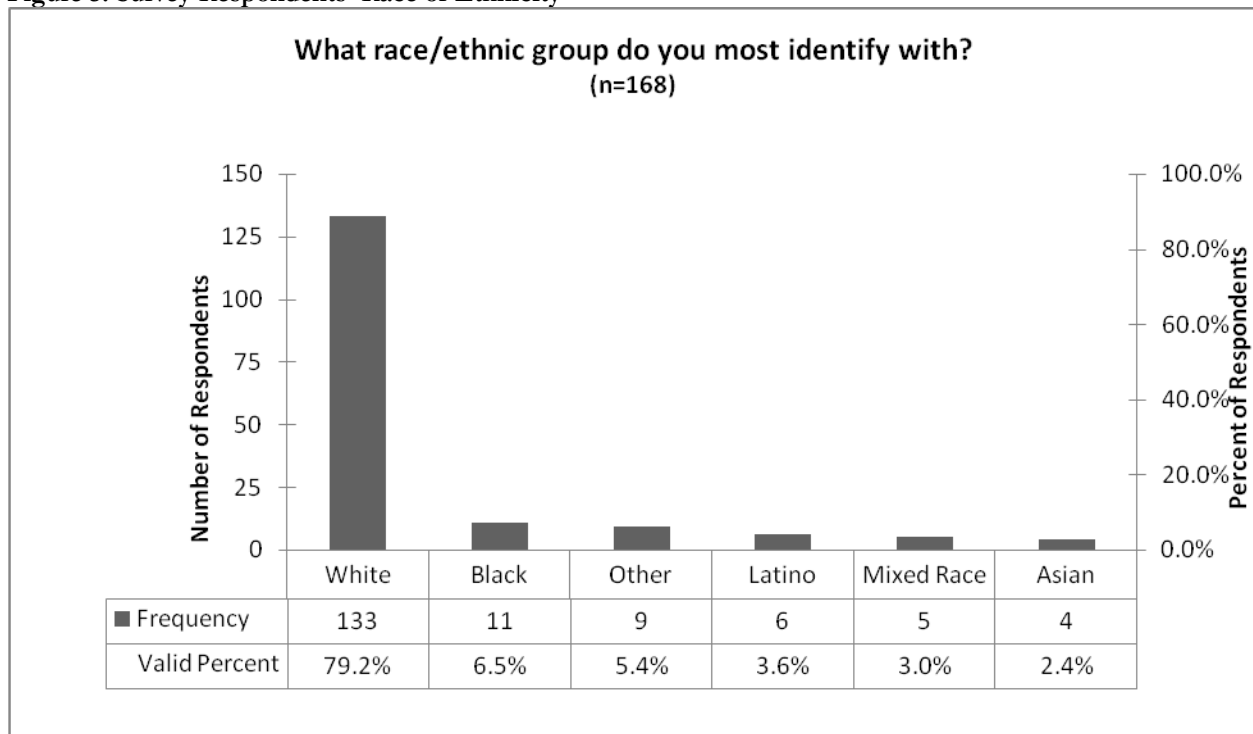
**Figure 4: Survey Respondents' Highest Grade or School Level Completed**





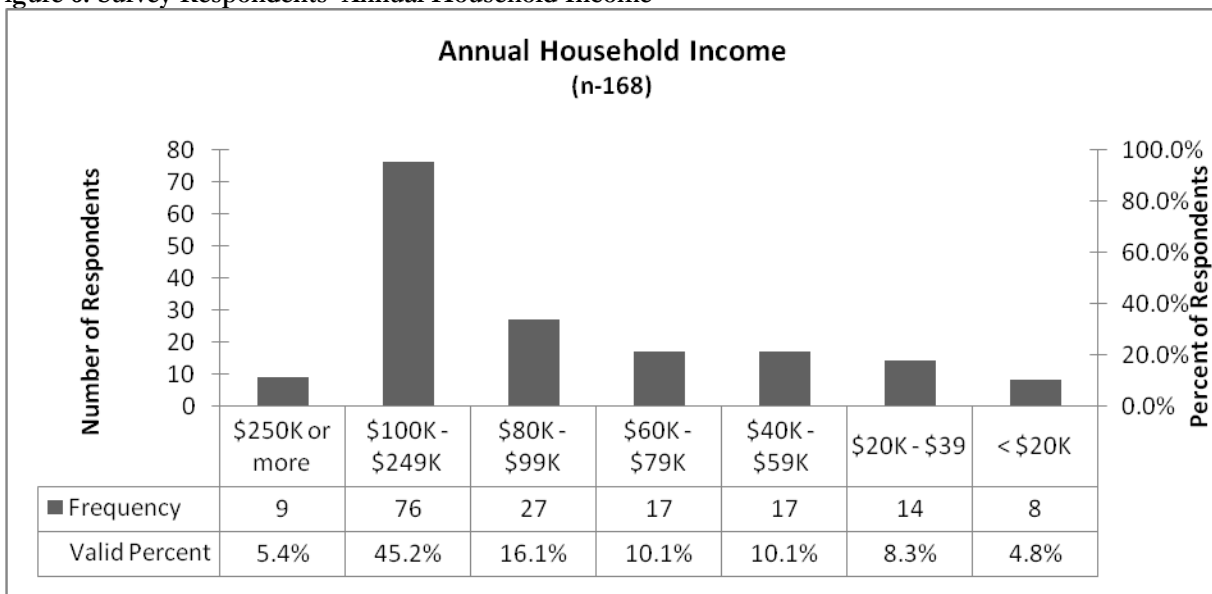
Most survey respondents were White/Caucasians.

**Figure 5: Survey Respondents' Race or Ethnicity**



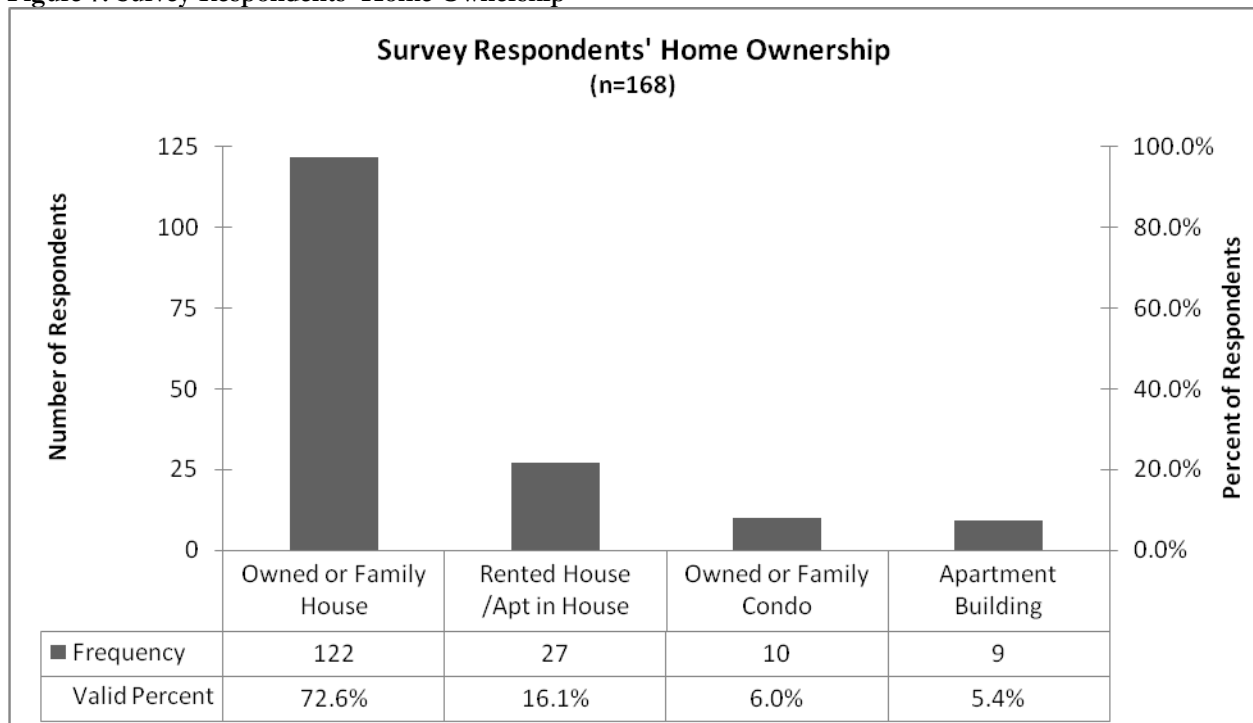
Most survey respondents had an annual household income in excess of \$100,000.

**Figure 6: Survey Respondents' Annual Household Income**



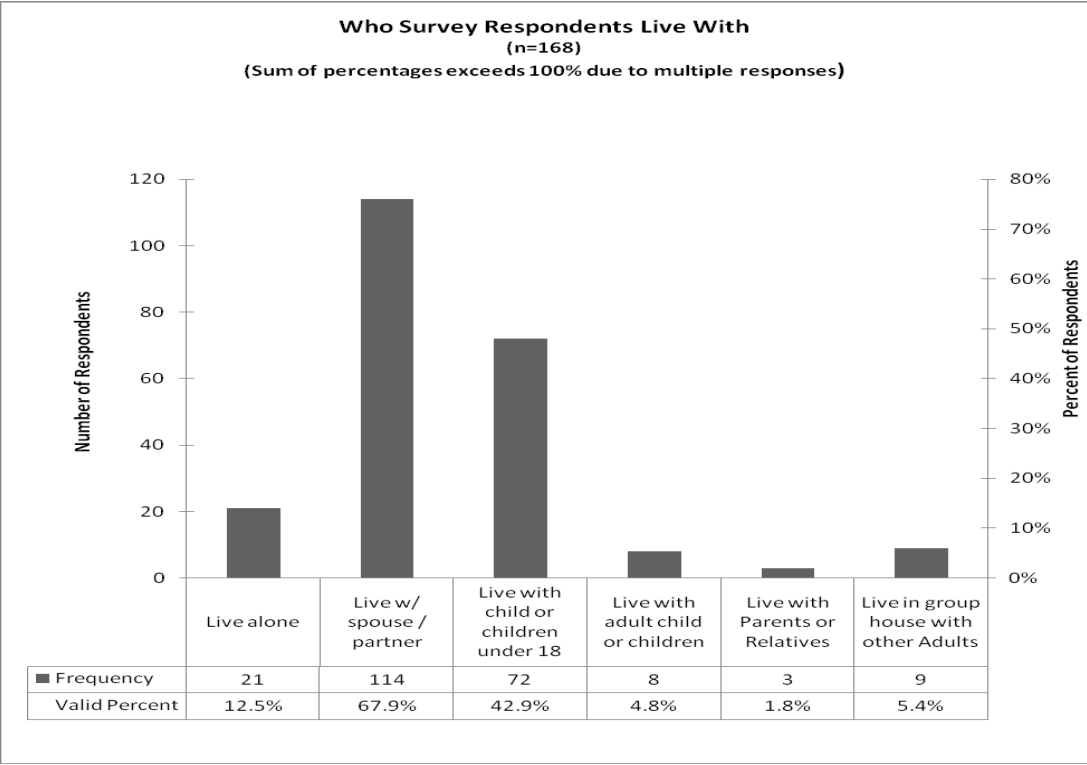
Most survey respondents lived in a house owned by them or their family.

**Figure 7: Survey Respondents' Home Ownership**



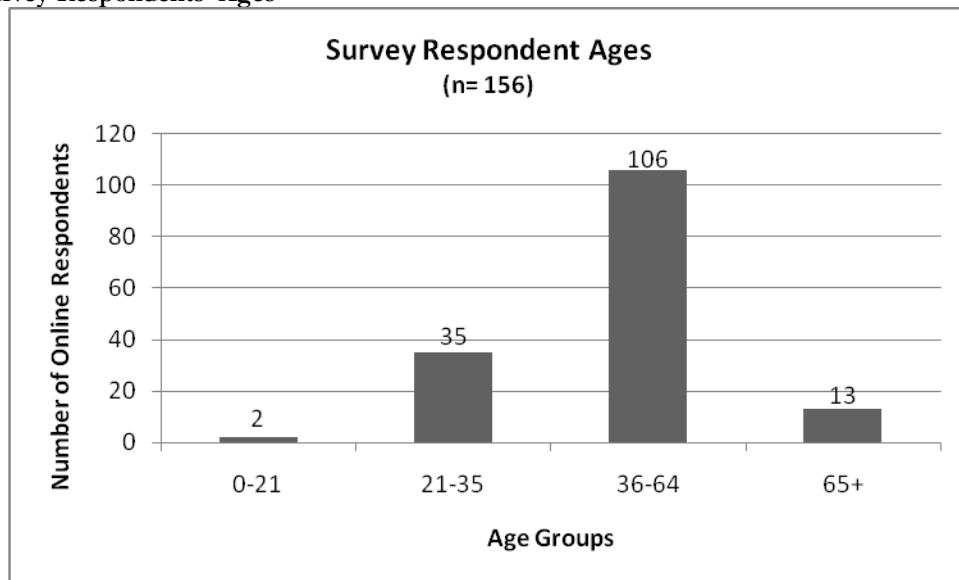
Most survey participants lived with a spouse or partner and with a child or children under 18.

**Figure 8: Survey Respondents' Household Composition**



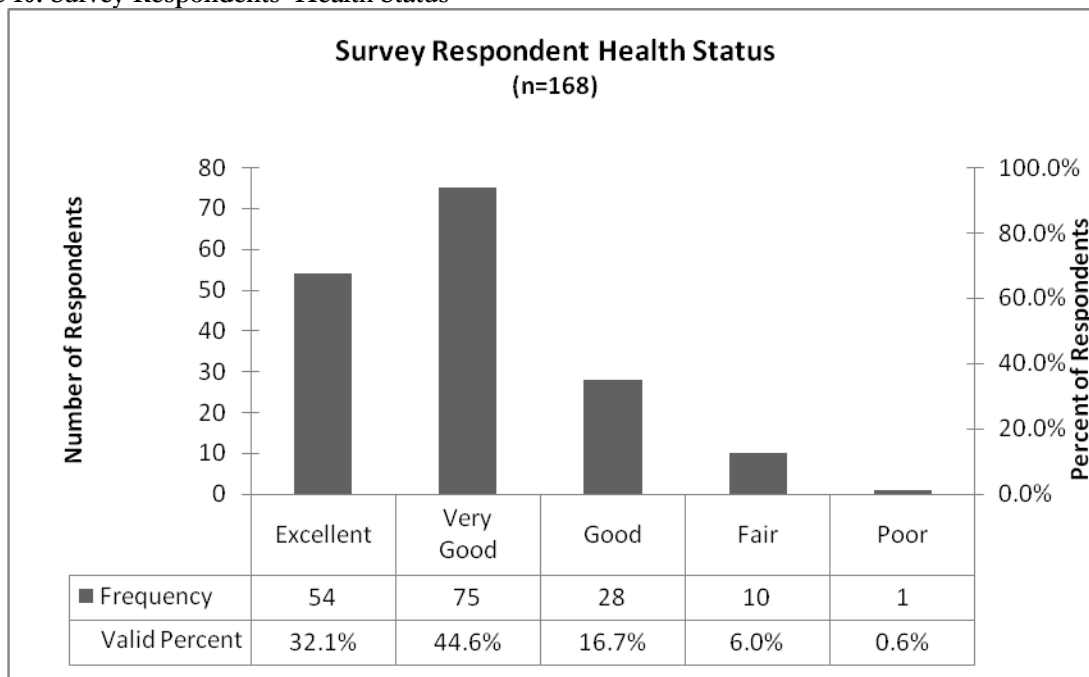
Most survey respondents were between 36 and 64 years of age..

Figure 9: Survey Respondents' Ages



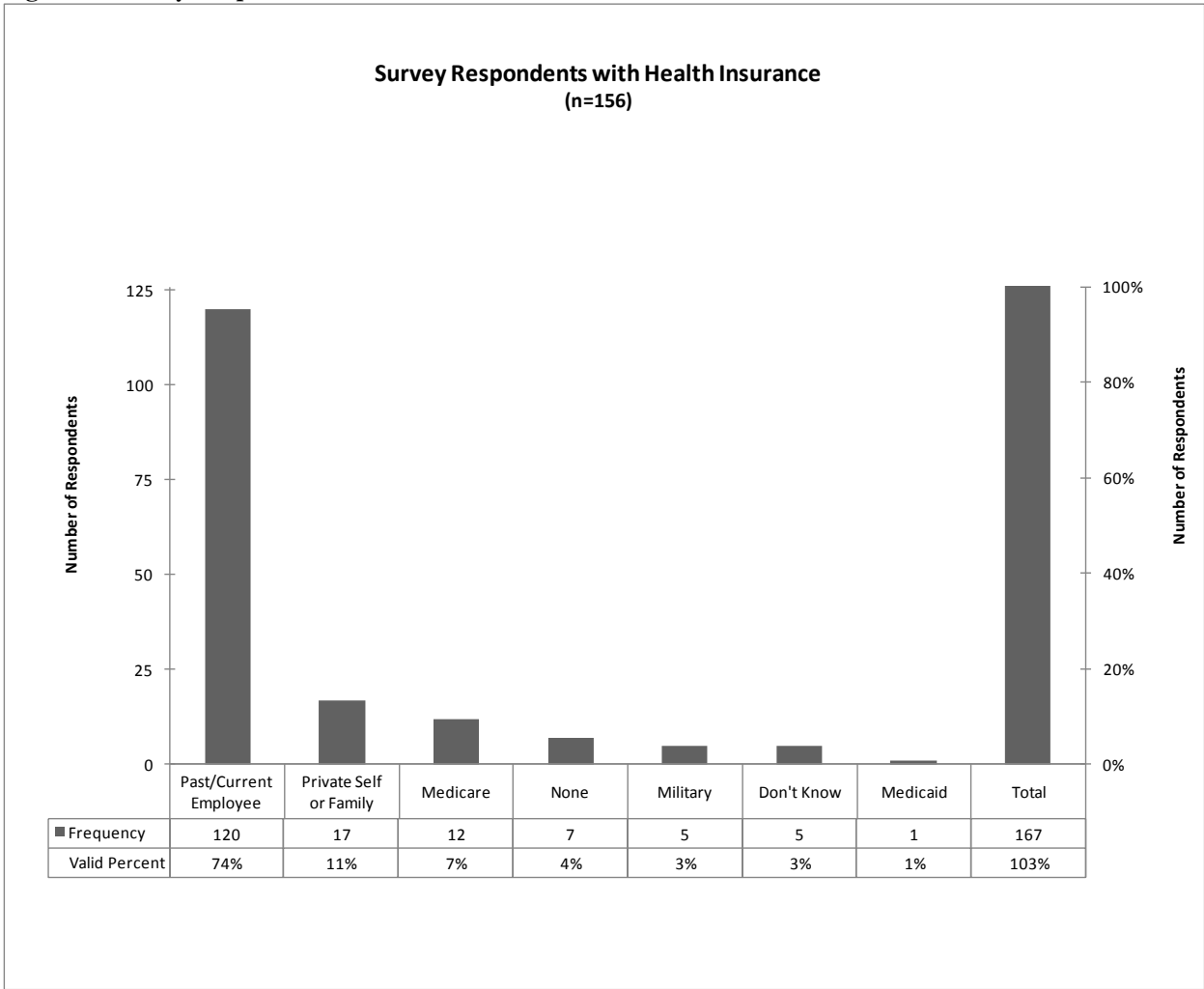
Most survey respondents felt that they have very good health and excellent health.

Figure 10: Survey Respondents' Health Status



Most survey respondents had health insurance from a past or current employer.

Figure 11: Survey Respondents with Health Insurance



## Survey respondents who are Washington Adventist Hospital Users

Figure 12: Washington Adventist Hospital (WAH) Users

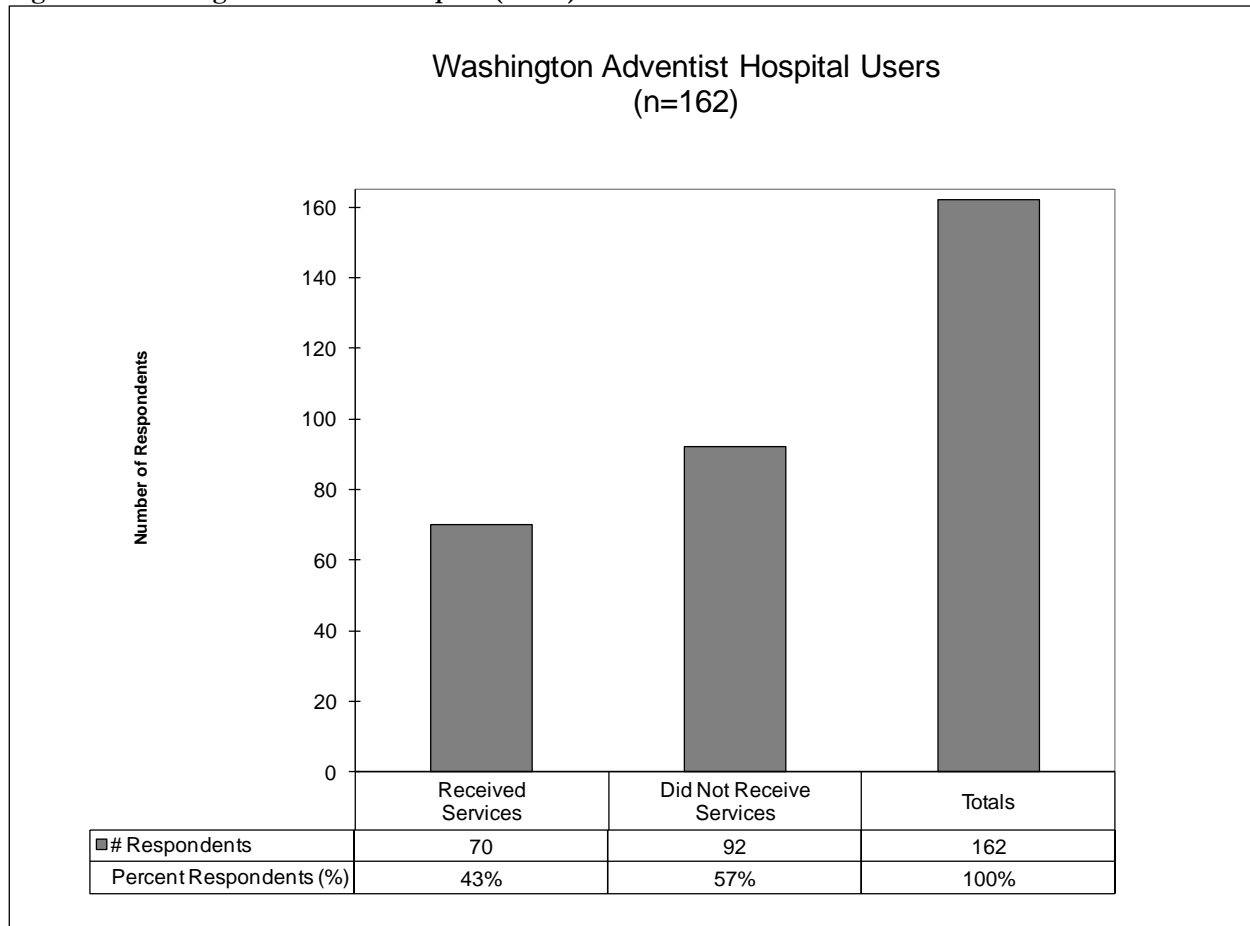


Figure 13: WAH Users by Ward

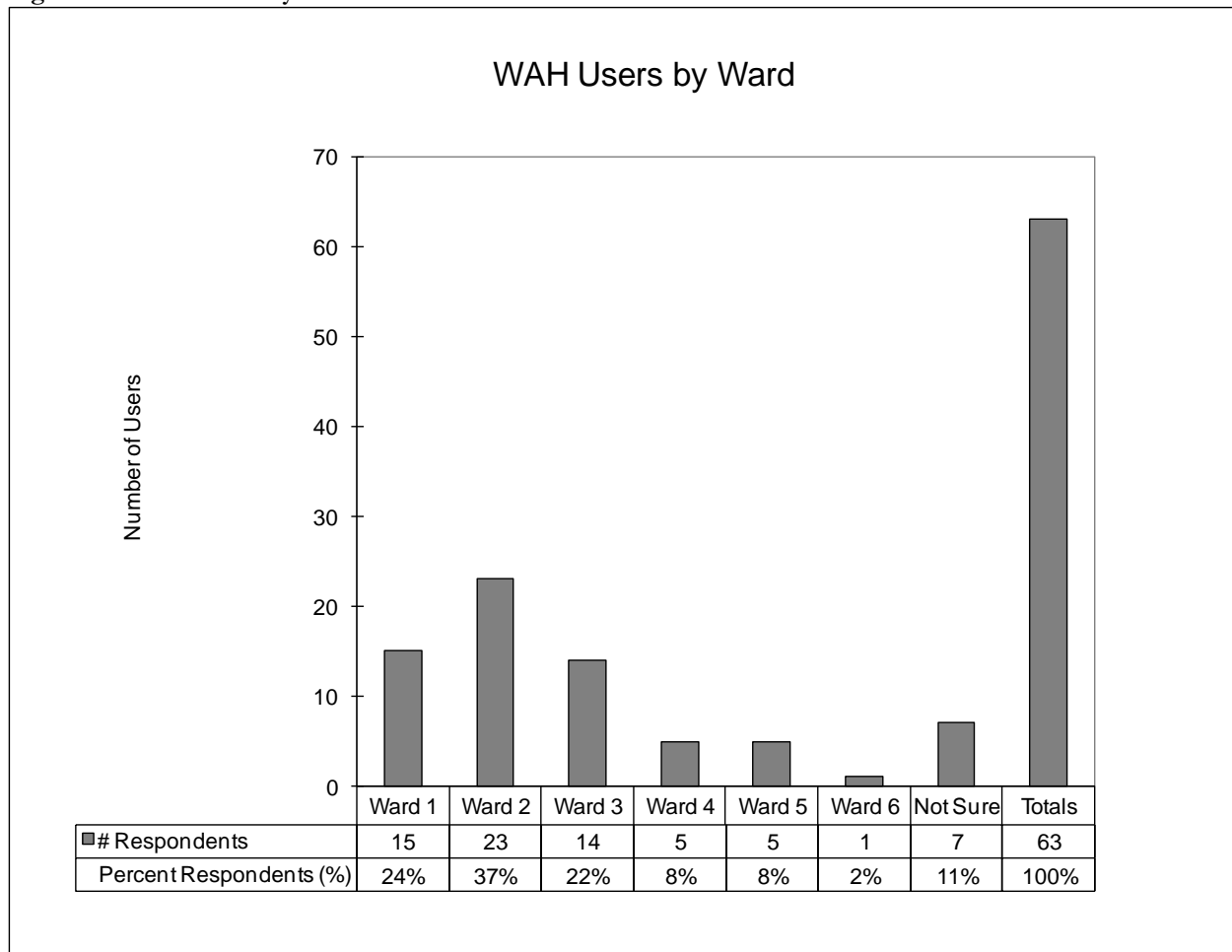
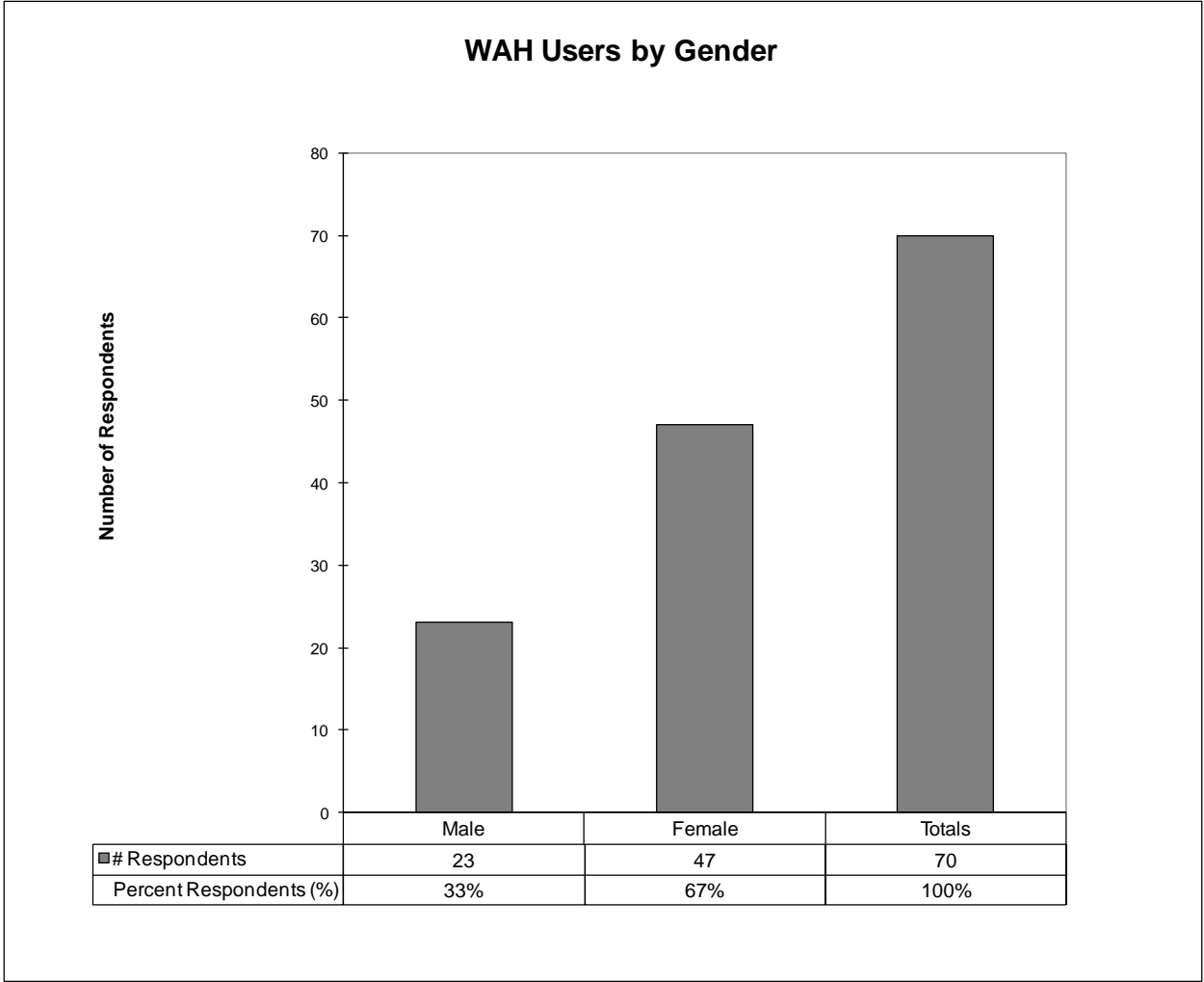


Figure 14: WAH Users by Gender





**Figure 15: Employment of WAH Users**

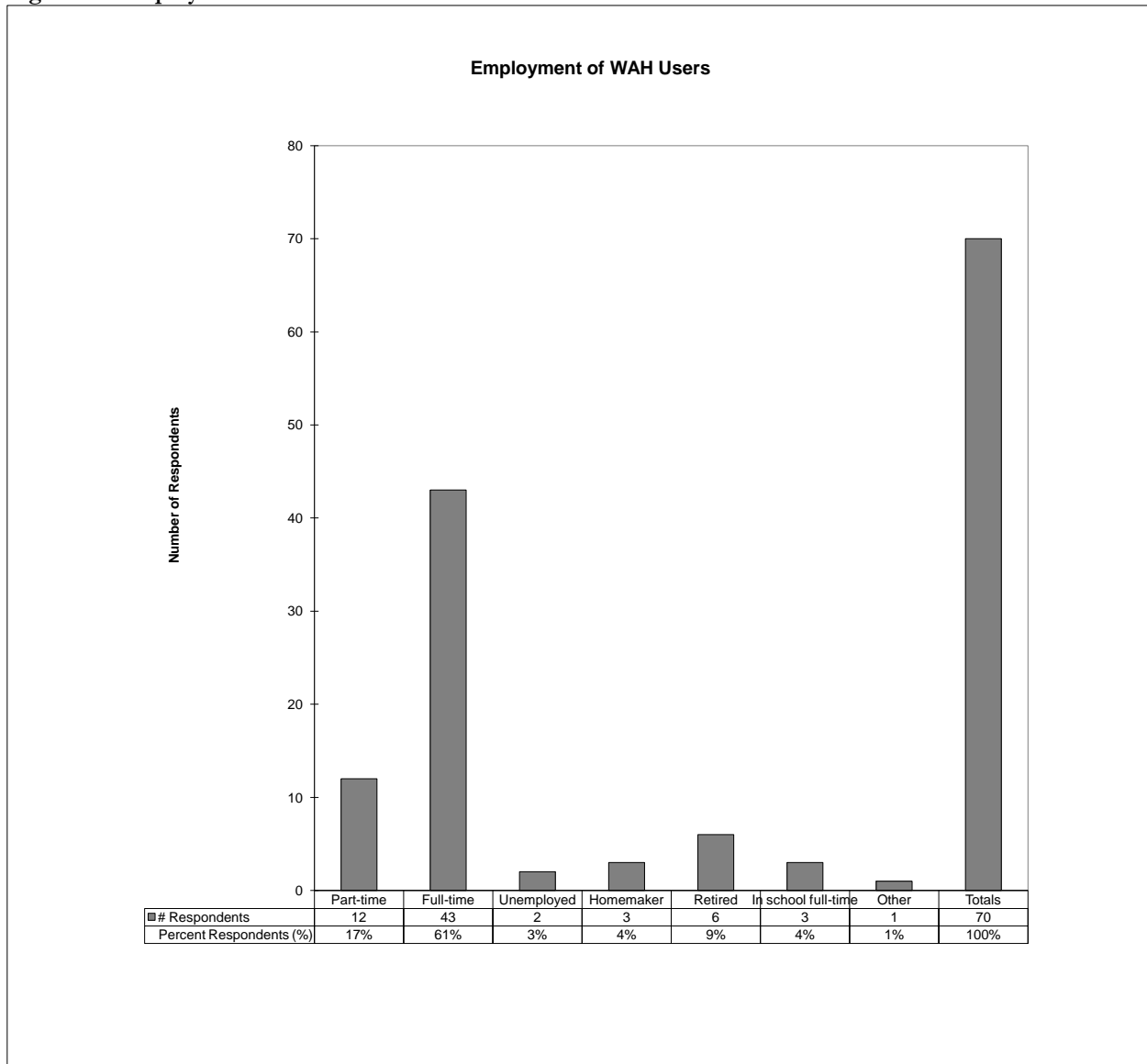


Figure 16: WAH Users' Education

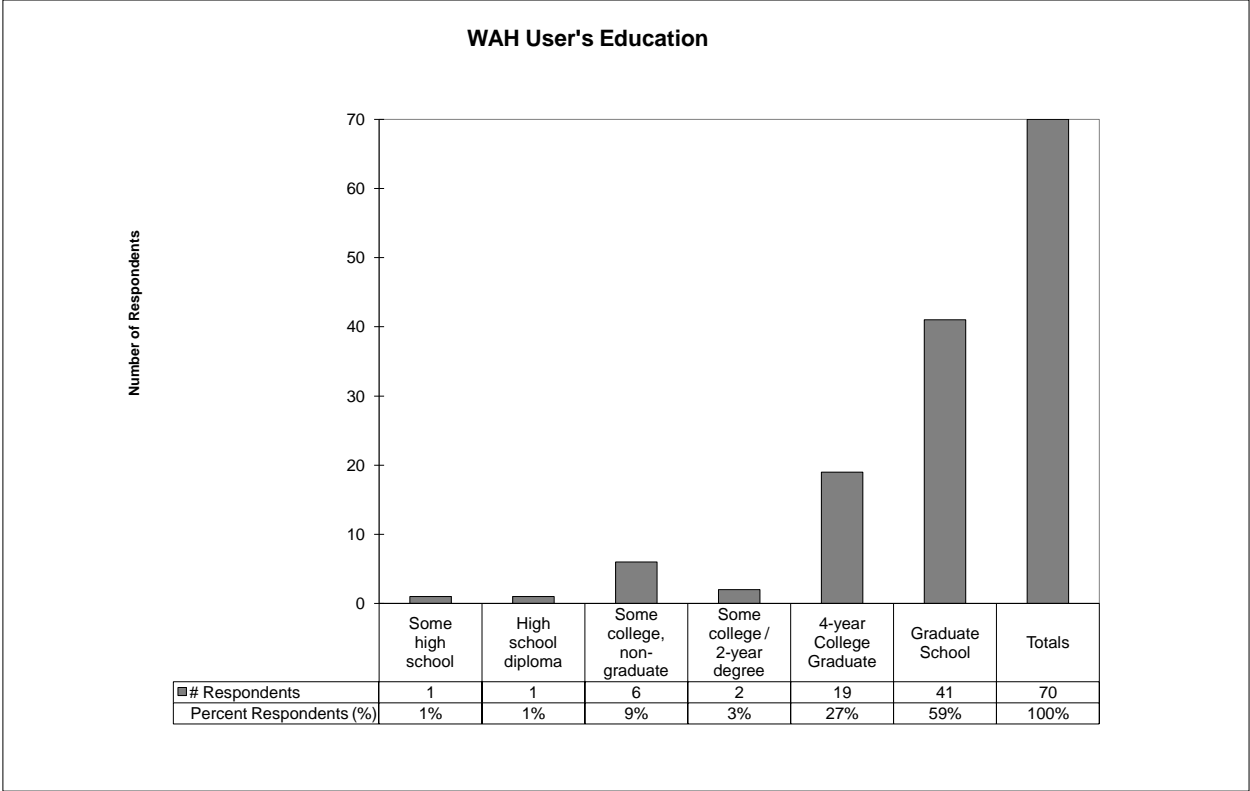


Figure 17: WAH Users' Race / Ethnicity

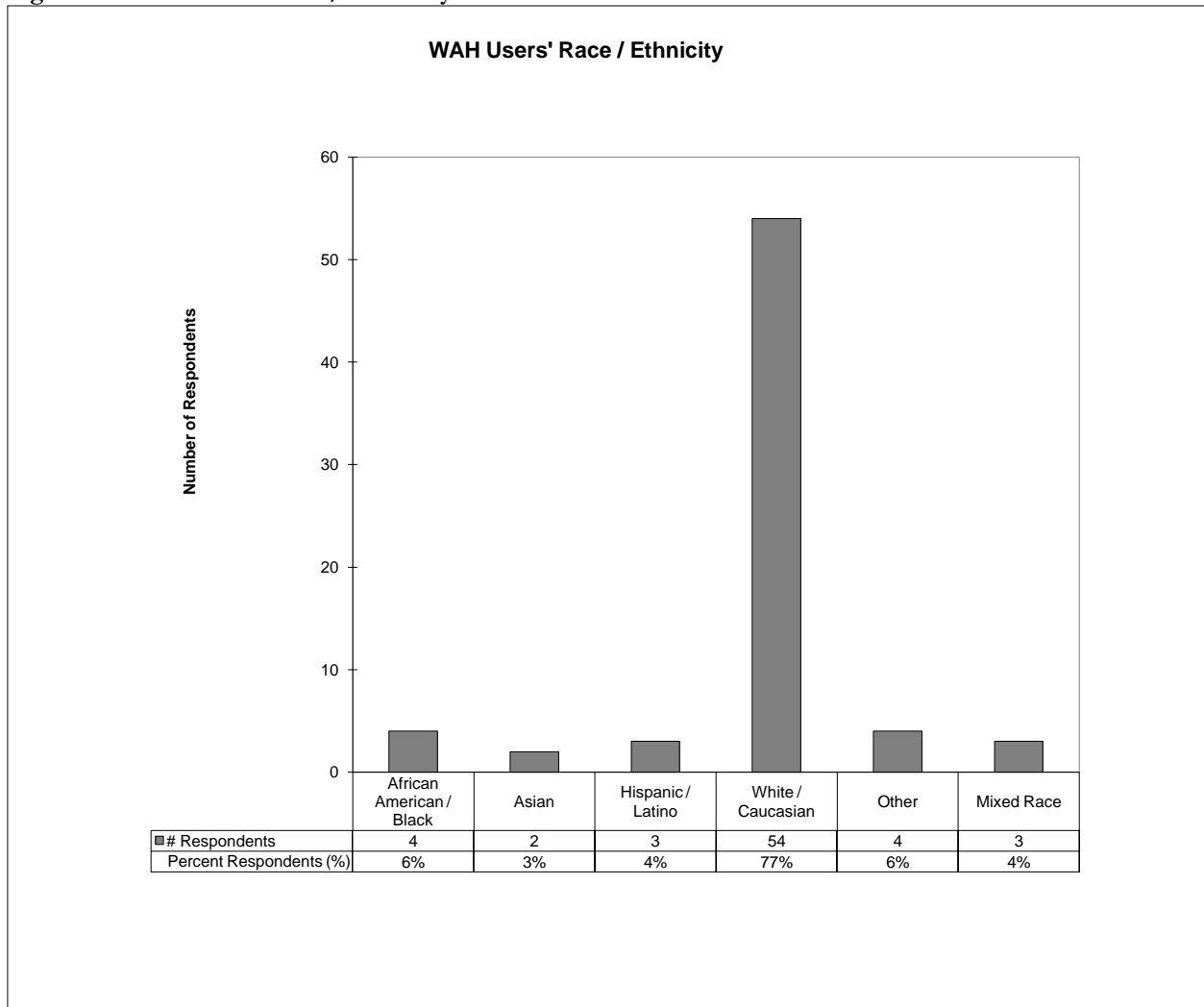


Figure 18: WAH Users' Income

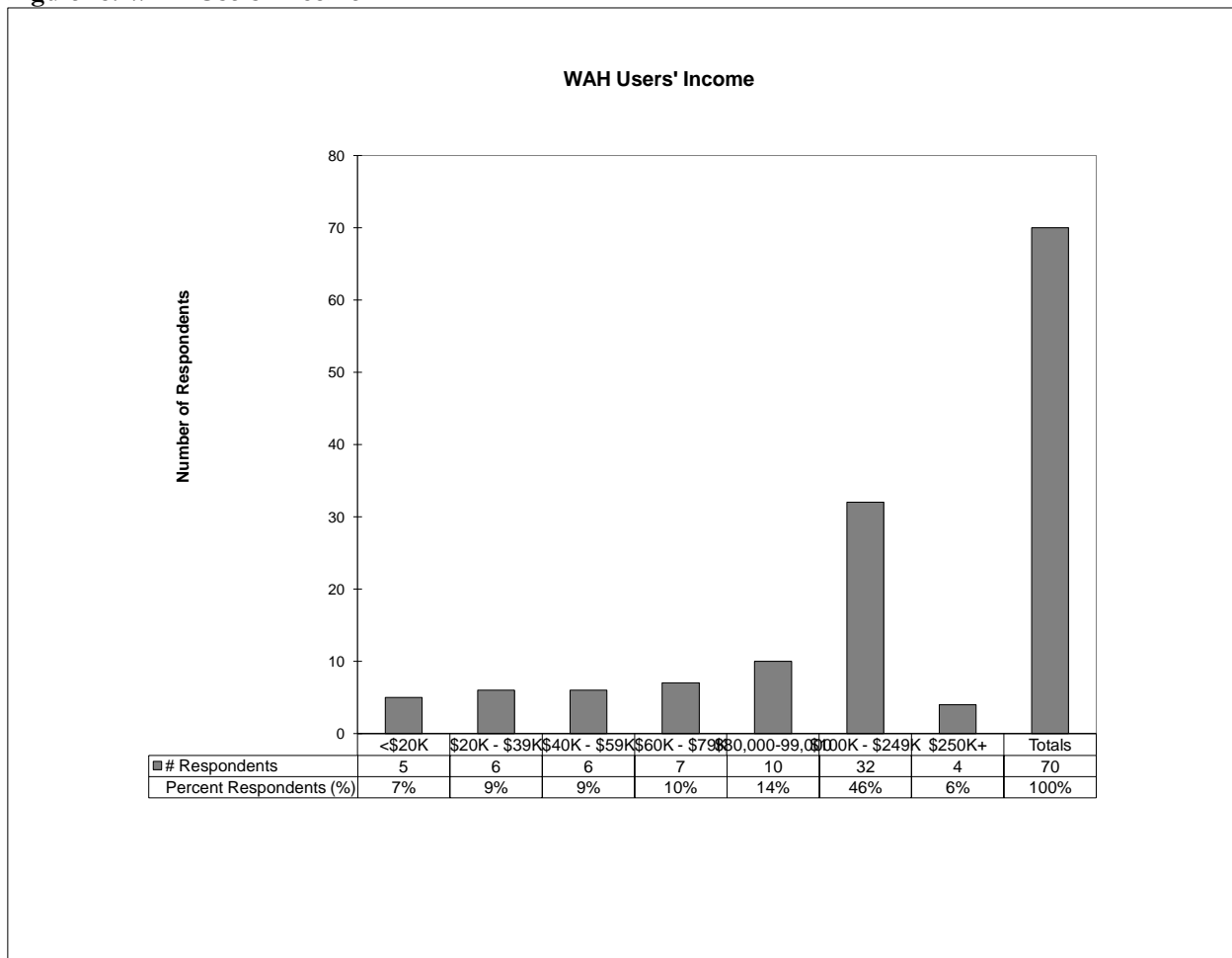


Figure 19: Where WAH Users Live

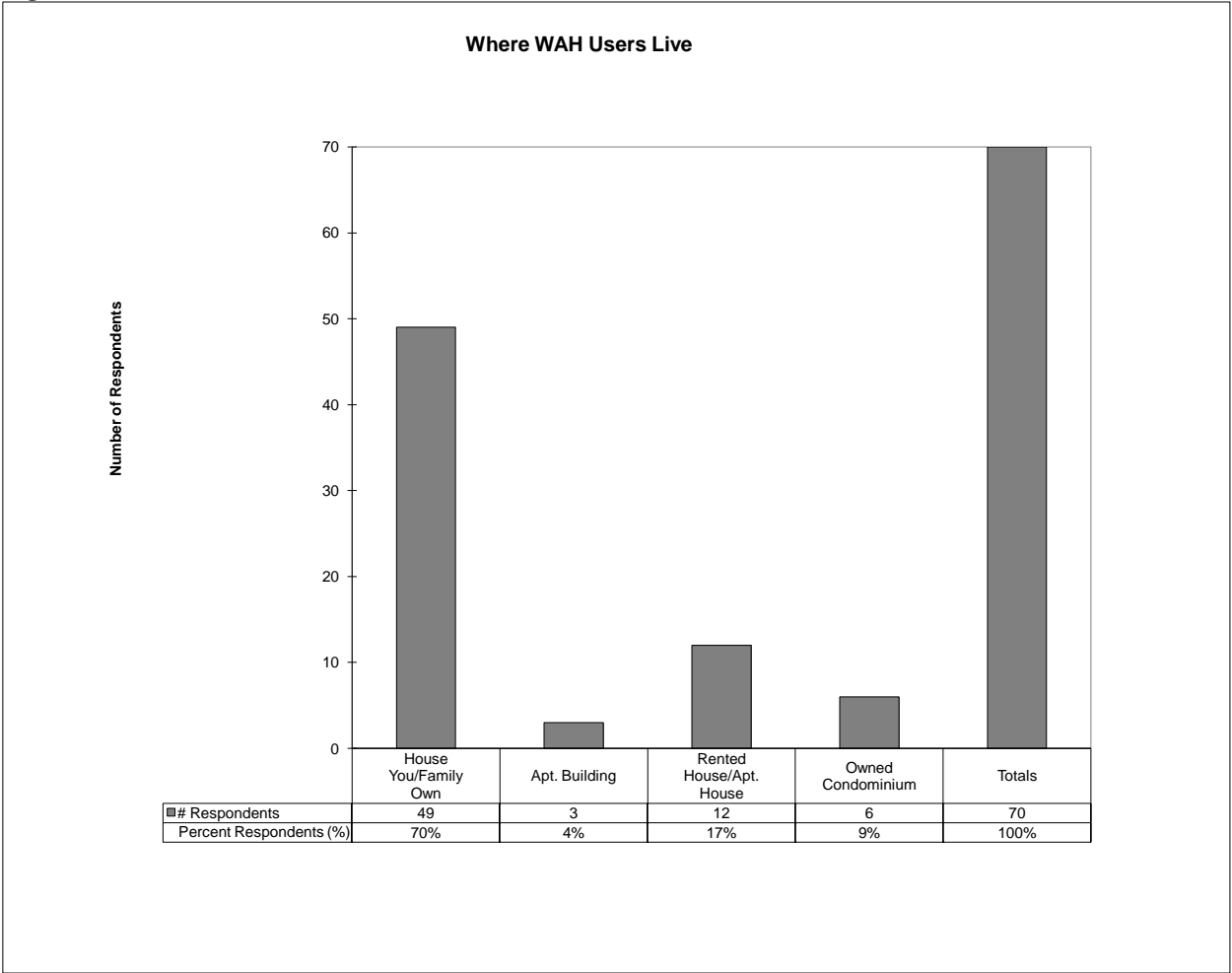
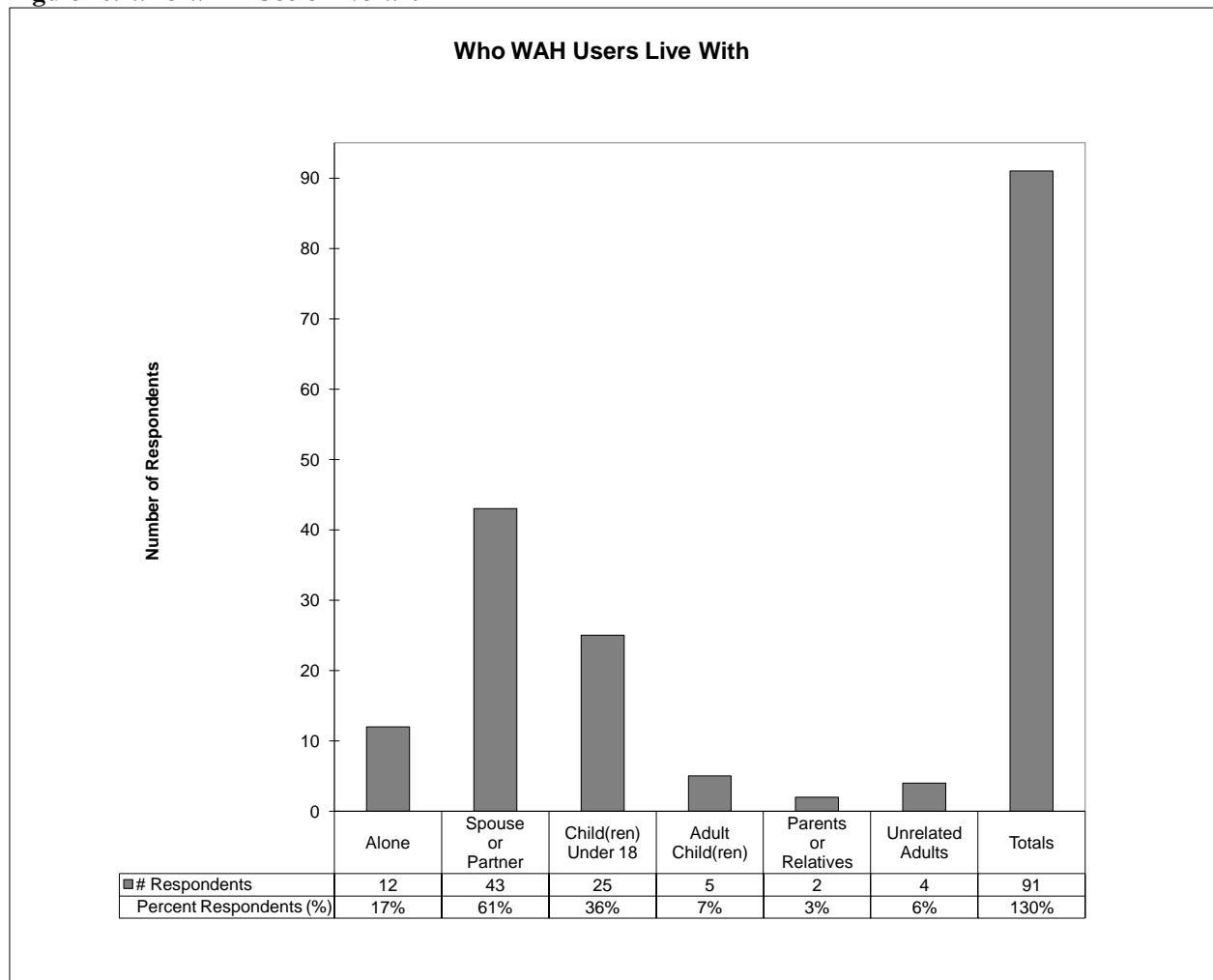
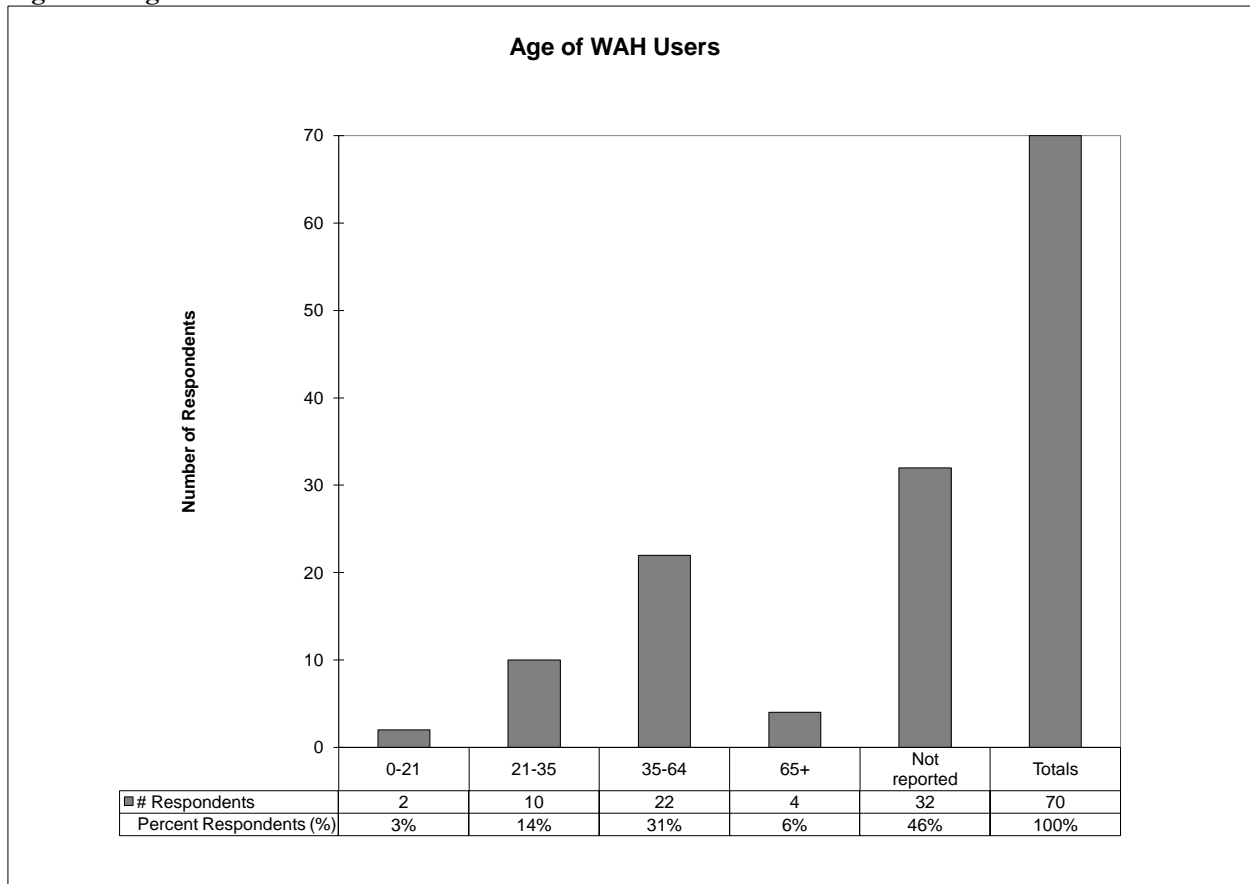


Figure 20: Who WAH Users Live With



**Figure 21: Age of WAH Users**

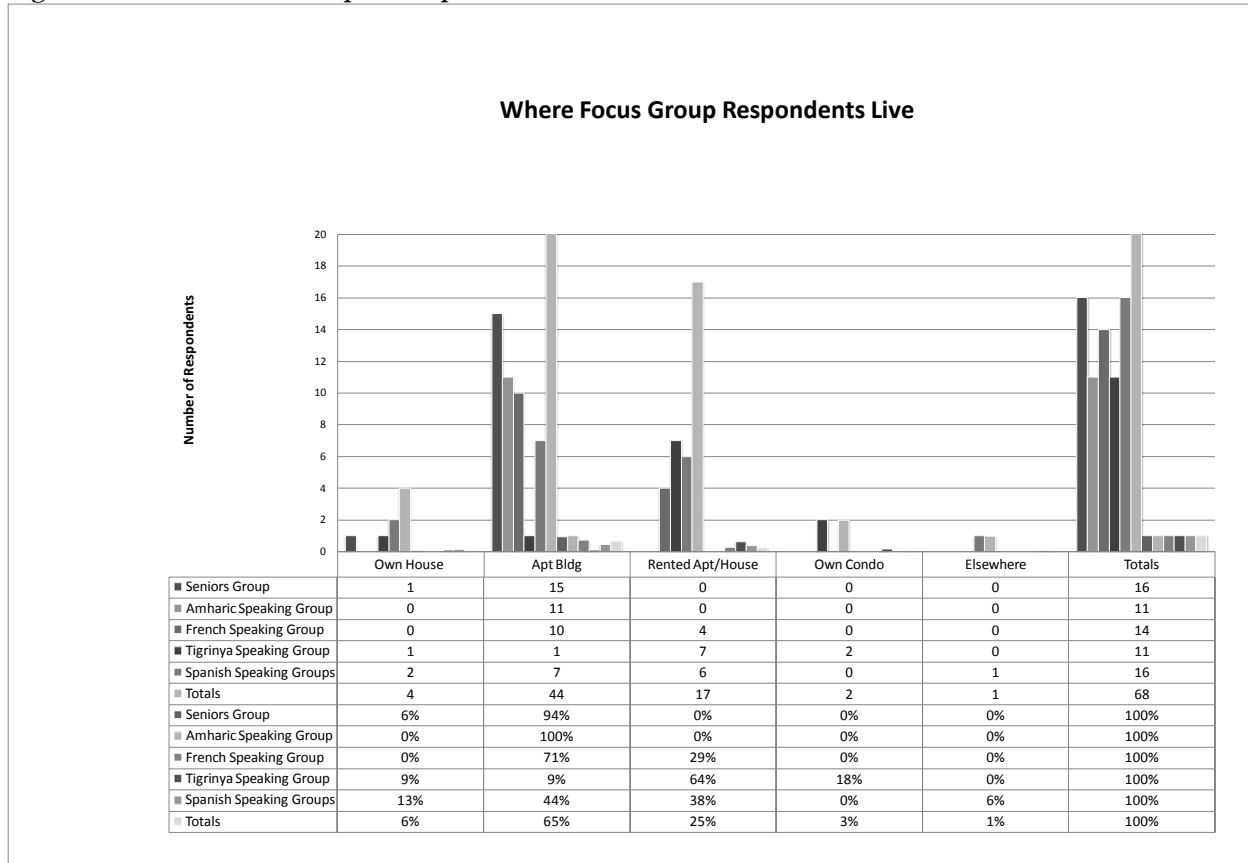


## Focus Group Participants

### Type of Residence

Most focus group participants in all groups lived either in an apartment building or a rented apartment or house.

Figure 22: Where Focus Group Participants Live

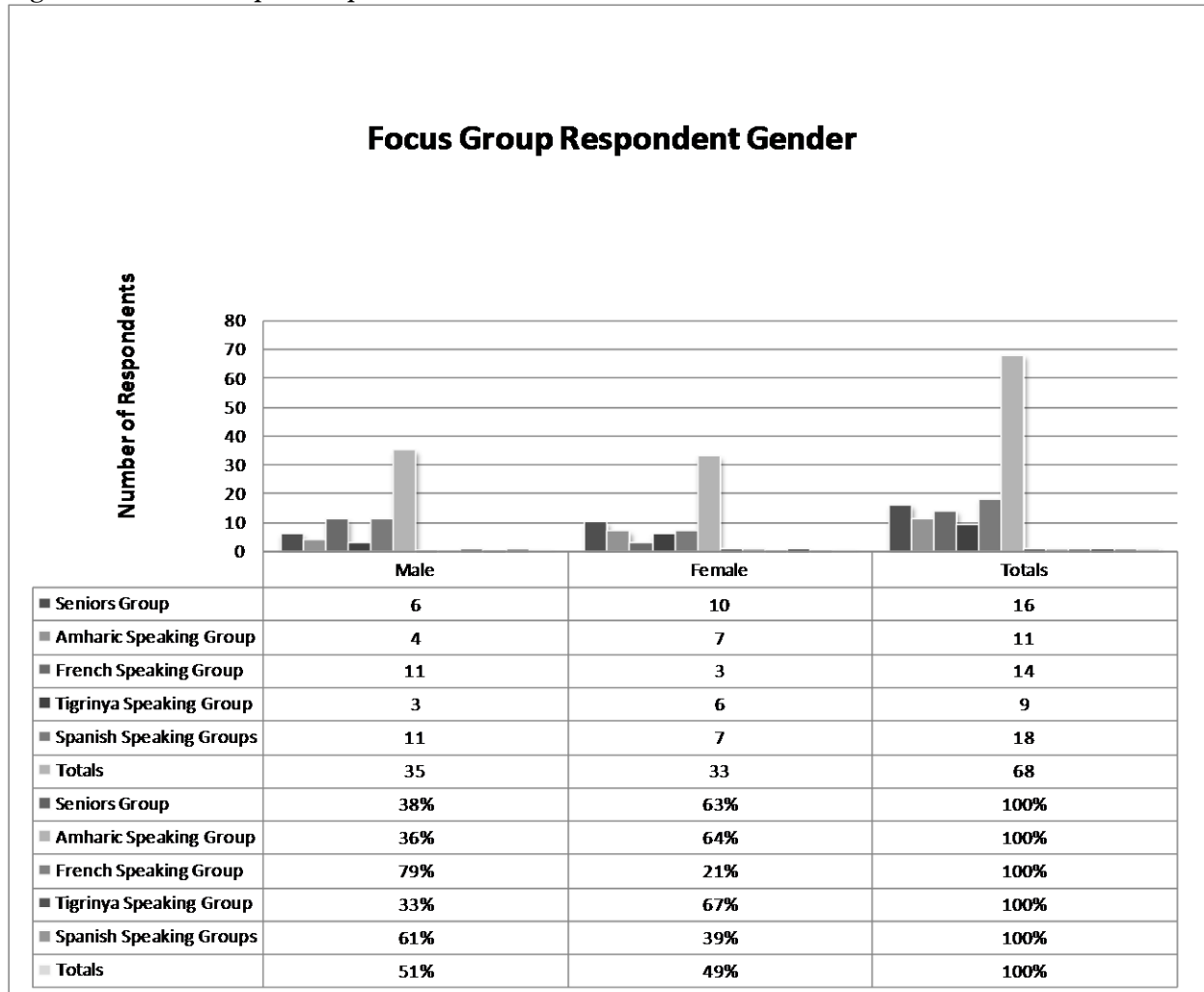




## Gender

Their were more males than females in the French speaking and Spanish speaking groups and more females than men in the Seniors and the Amharic and Tigrinya speaking groups. Across all focus groups, the number of men was slightly higher than the number of women.

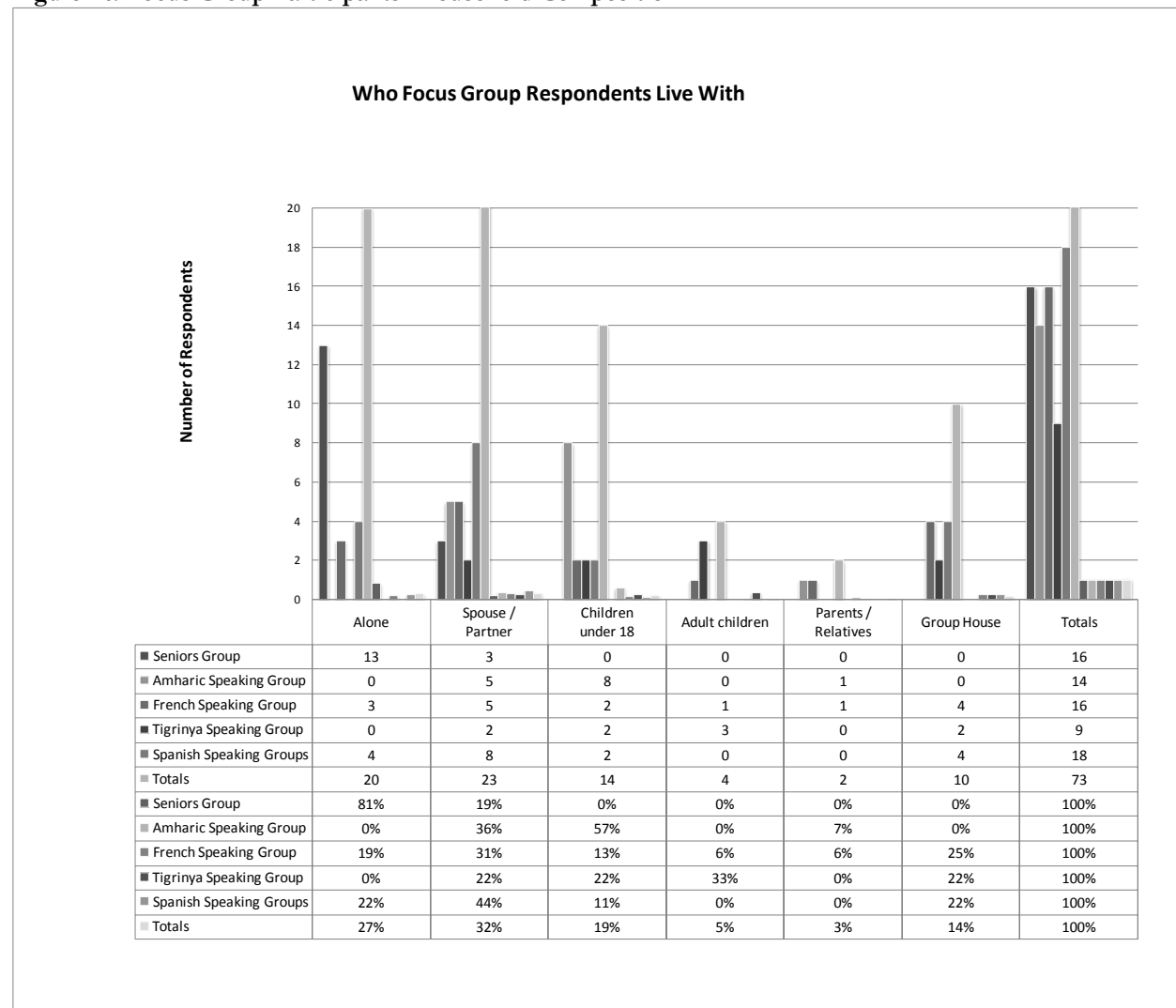
Figure 23: Focus Group Participants' Gender



## Who They Live With

Most participants in the Seniors group, and some in the French and Spanish speaking groups, lived alone. Most participants in the Spanish speaking group, and several participants in all other groups, lived with a spouse or partner. Most Amharic speakers and a few French, Tigrinya, and Spanish speakers, lived with a child or children under eighteen years of age. Some Tigrinya and French speakers lived with an adult child or children. Only one Amharic and one French speaker lived with parent(s), sibling(s), or other relatives. Several French and Spanish speakers and a couple of Tigrinya speakers lived in a group house with unrelated adults.

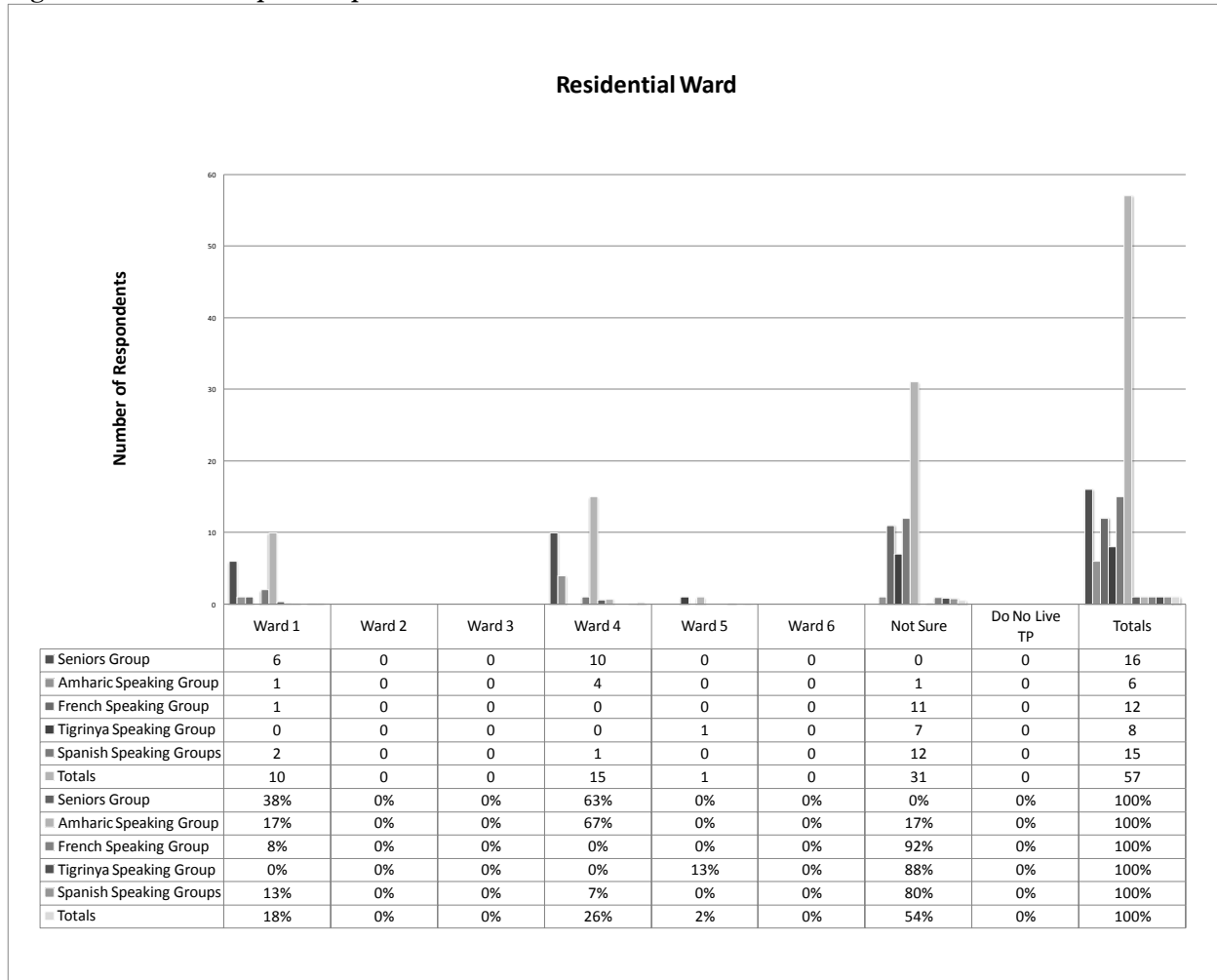
**Figure 24: Focus Group Participants' Household Composition**



## Wards

No focus group participants reported living in Wards 2, 3, and 6. Seniors and Amharic speakers reported living in Wards 1 and 4. Most French, Spanish and Tigrinya speakers reported that they did not know the voting ward they live in.

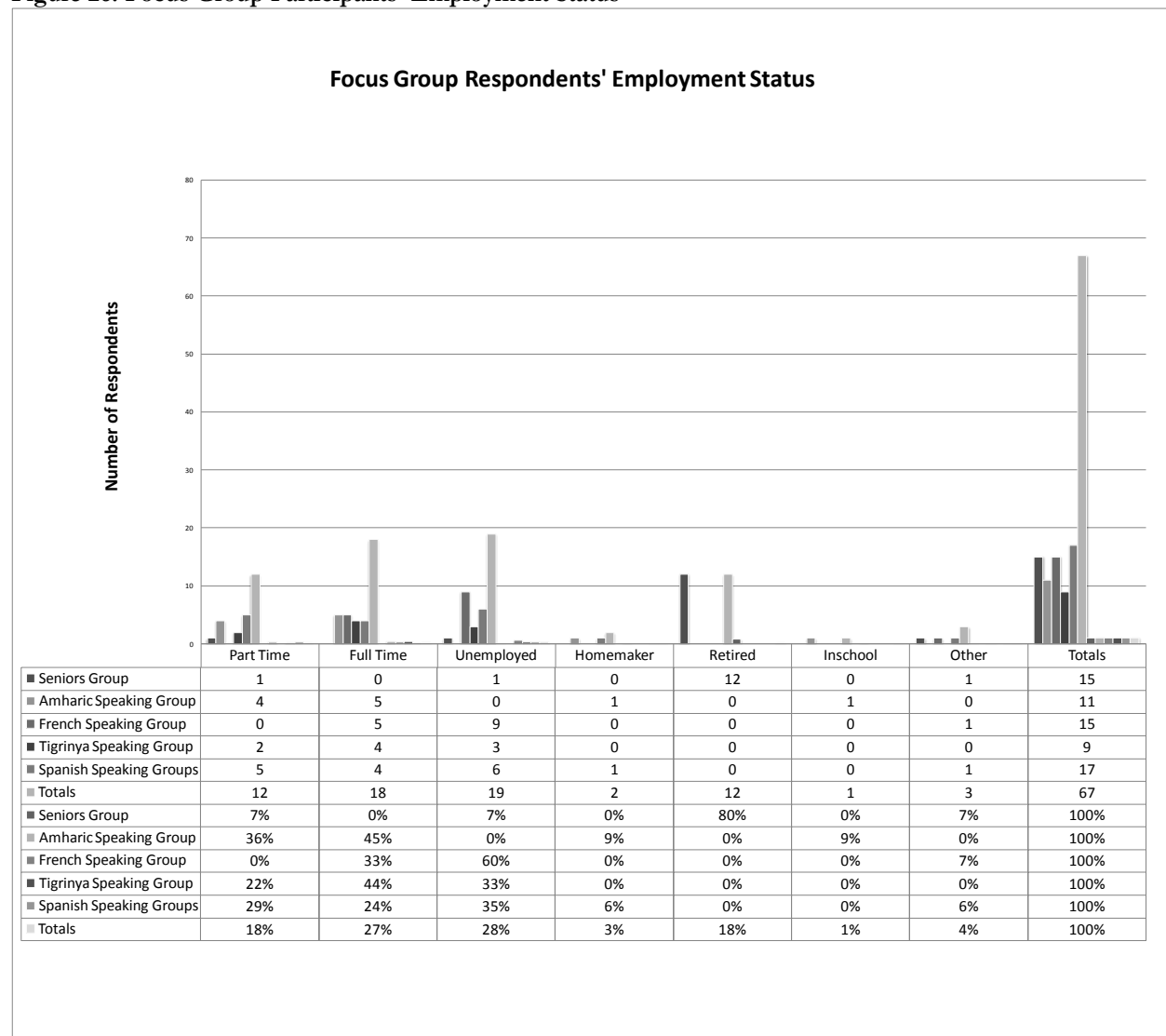
**Figure 25: Focus Group Participants' Residential Ward**



## Employment Status

Most Seniors reported being retired. Amharic speakers reported working part or full time, and being homemakers or full time students. Most French speakers reported being unemployed. Tigrinya speakers reported being either employed on a full or part time basis, or being unemployed. Spanish speakers reported working on a full or part time basis, being unemployed, and working as homemakers.

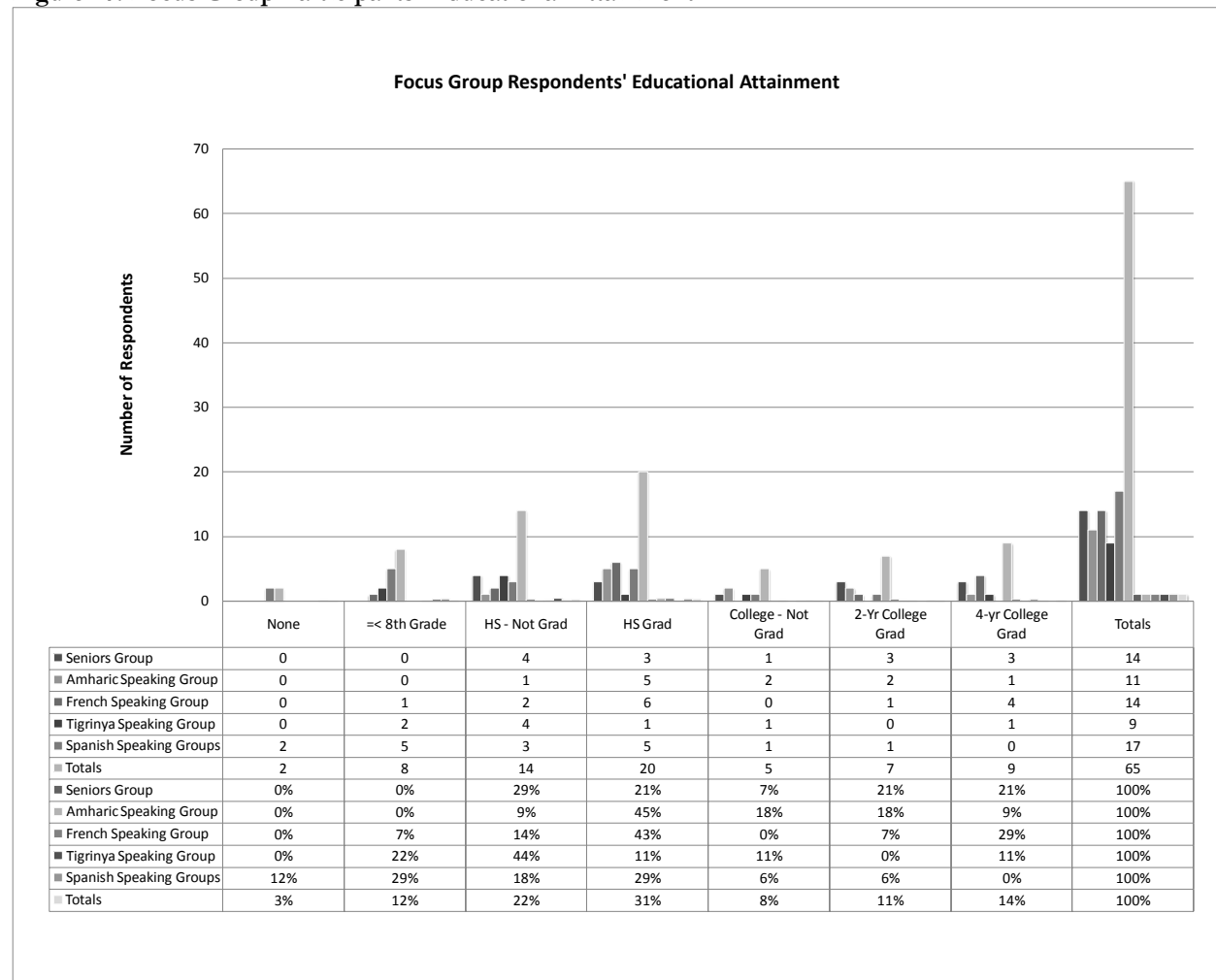
**Figure 26: Focus Group Participants' Employment Status**



## Education

Over one quarter of the Seniors Group participants had not attained a high school diploma, but the group had several participants who had graduated from high school and college. Almost half of the participants in the Amharic speaking group were high school graduates and close to one third had received some college training. Most of the participants in the French speaking group were either high school or college graduates. Most participants in the Tigrinya speaking group had not completed high school. Most participants in the Spanish speaking group had a high school or less of education.

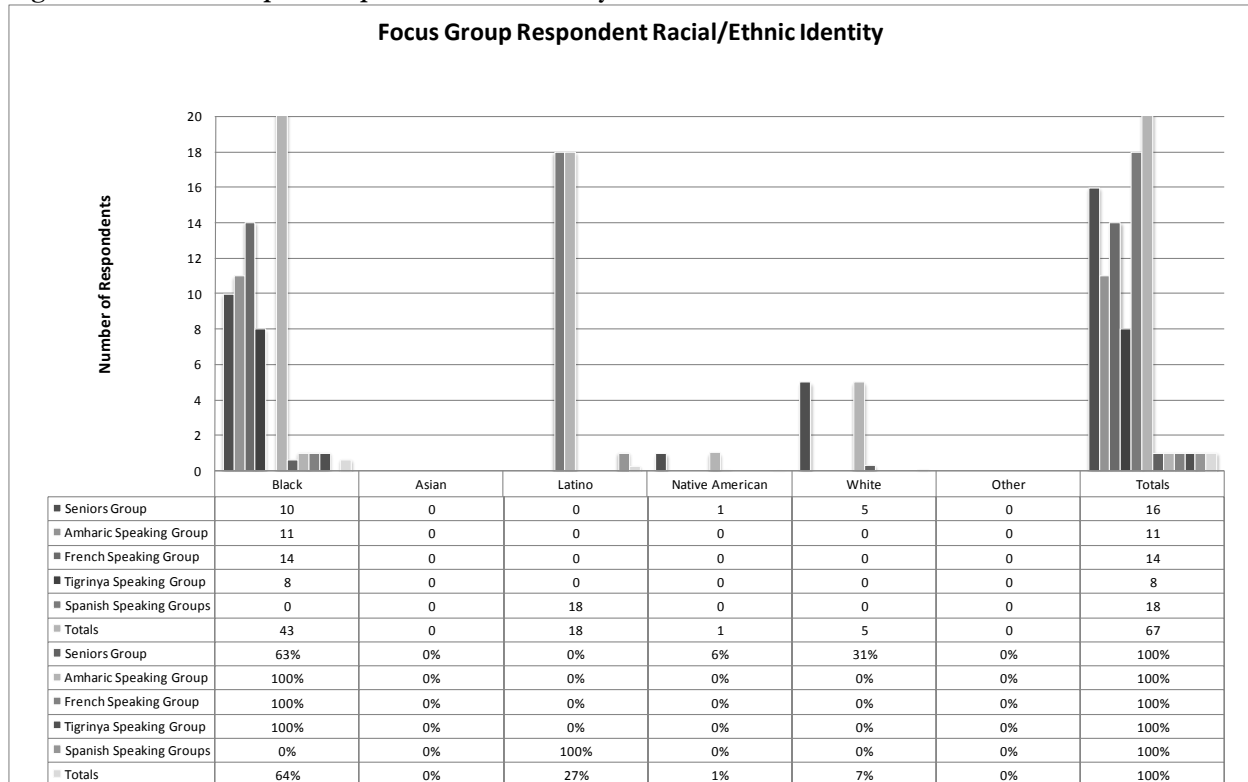
**Figure 27: Focus Group Participants' Educational Attainment**



## Race and Ethnicity

Participants in the Seniors Group were Black and White, and one Native American. All participants in the Amharic, French, and Tigrinya speaking groups were Black. All participants in the Spanish speaking group were Latino.

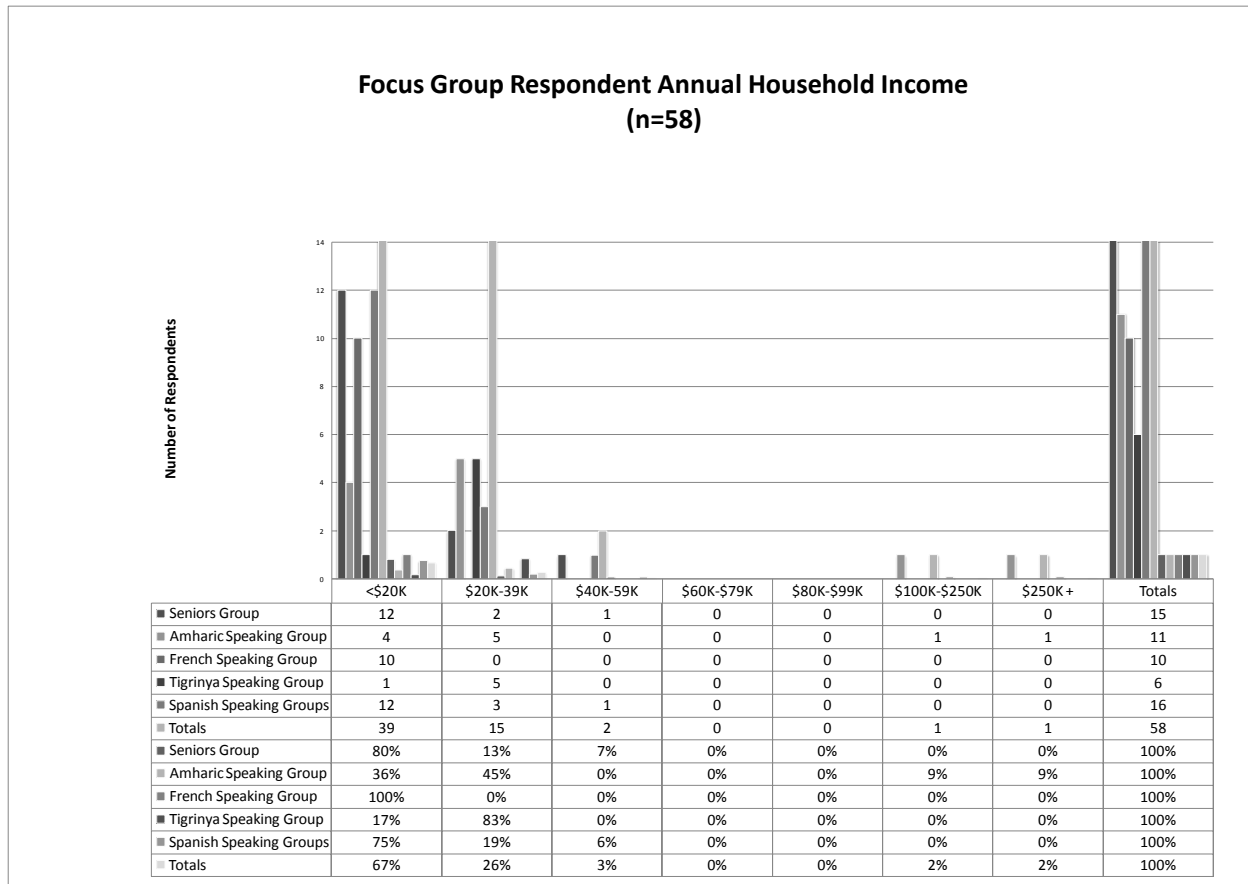
**Figure 28: Focus Group Participants' Ethnic Identity**



## Annual Income

Most participants in the Seniors Group and in the French and Spanish speaking groups had incomes of less than \$20,000 per year. Most of the remaining participants had incomes of less than \$40,000 per year. Two Amharic speakers had incomes in excess of \$100,000 per year.

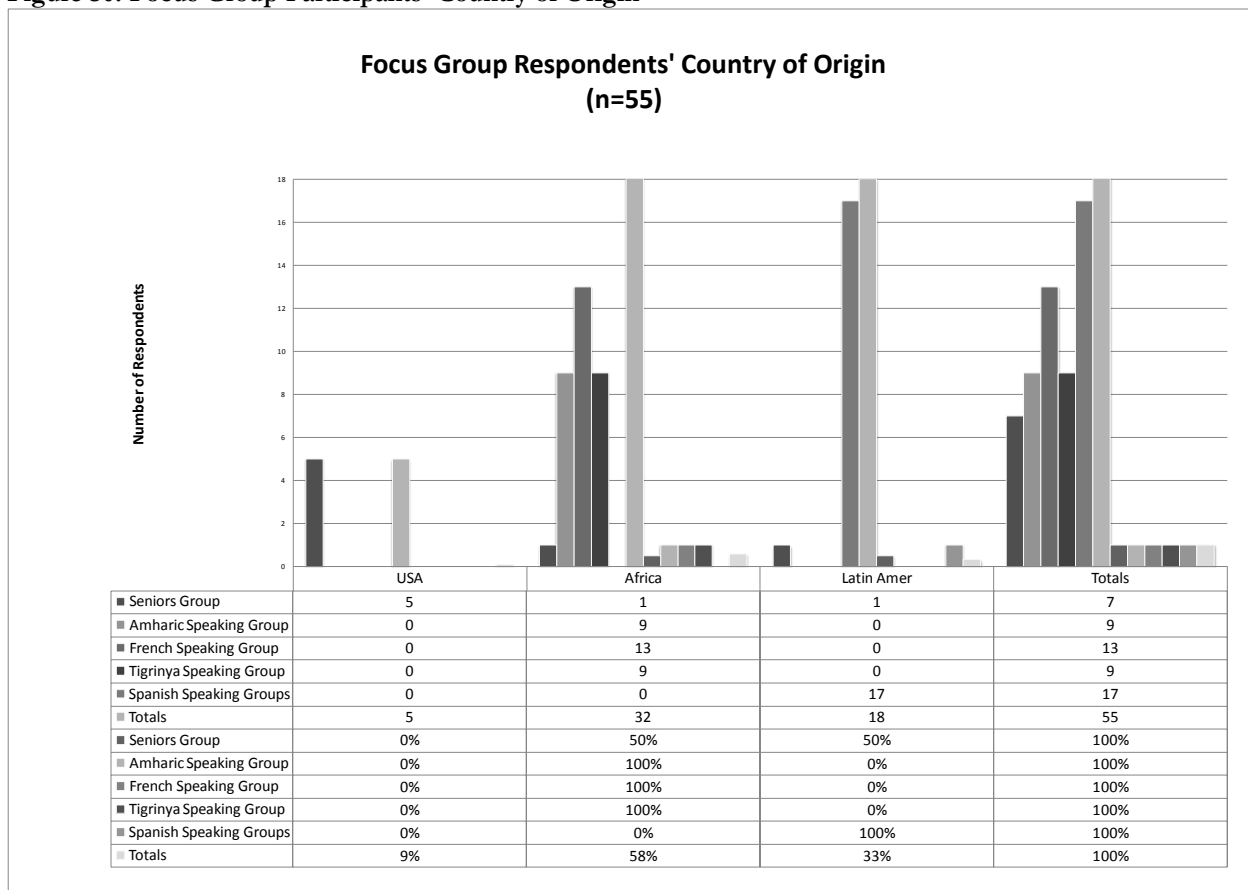
**Figure 29: Focus Group Participants' Annual Income**



## Country of Origin

The Seniors Group had the only participants whose country of origin is the United States. The country of origin of all participants in the Amharic, French, and Tigrinya Speaking Groups is Africa. The country of origin of all participants in the Spanish Speaking Group is a Latin American country.

**Figure 30: Focus Group Participants' Country of Origin**

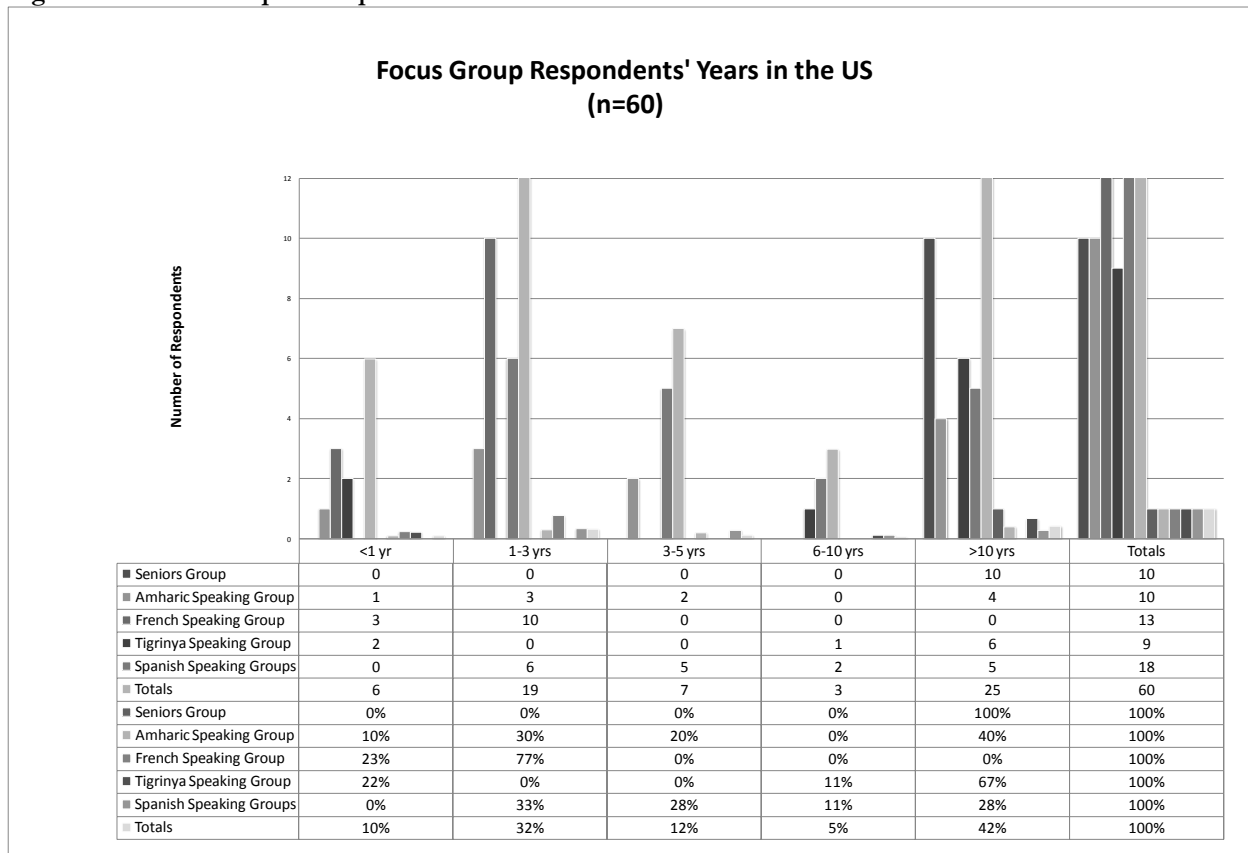




## Years in the United States

Most participants in the Seniors Group had lived in the United States for over ten years. Most Amharic speakers had lived in the United States for less than five years. Most French speakers had lived in the United States for less than three years. Most Tigrinya speakers had lived in the United States for over ten years. Spanish speakers had lived in the United States from one to over ten years.

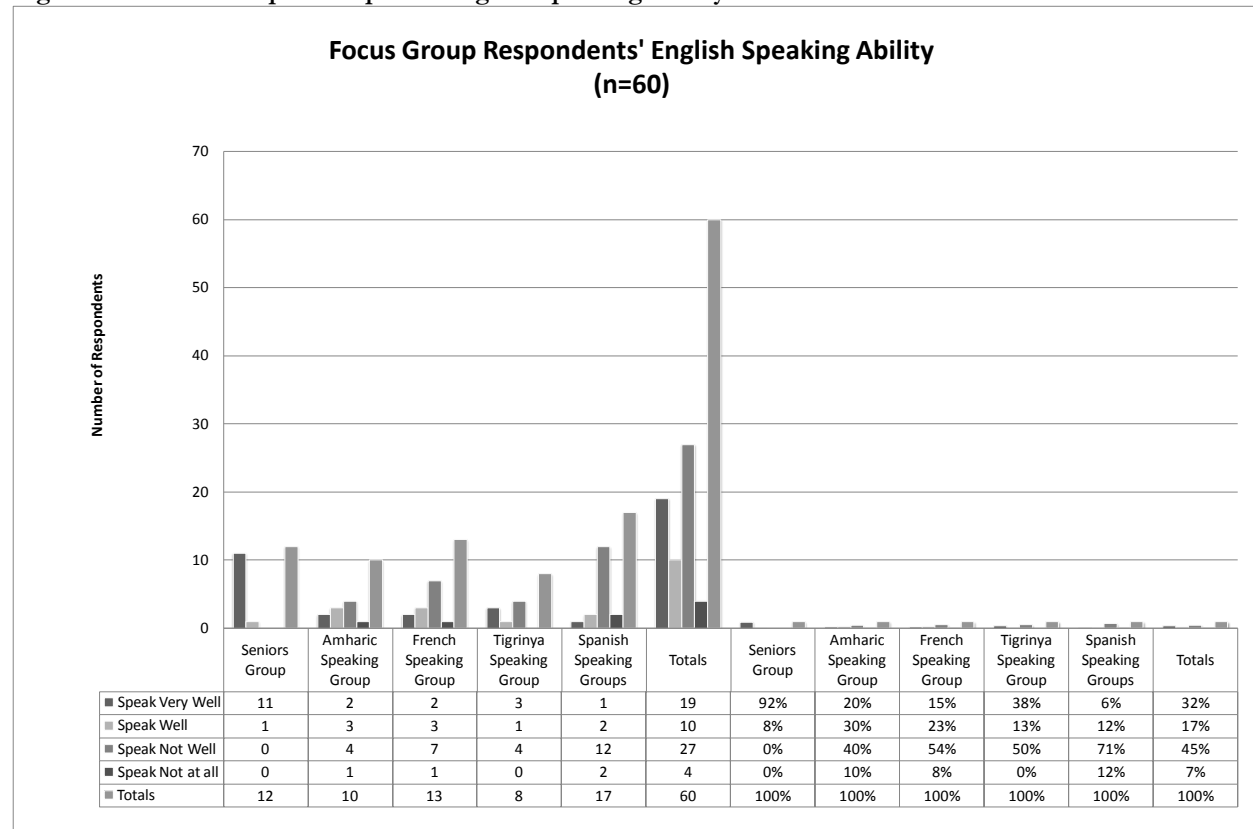
**Figure 31: Focus Group Participants' Years in the United States**



## English Speaking Ability

Almost all Seniors Group participants spoke English very well. Amharic, French, and Tigrinya speakers were equally divided between those who spoke English very well and well and those who did not. Most Spanish speakers reported that they did not speak English very well.

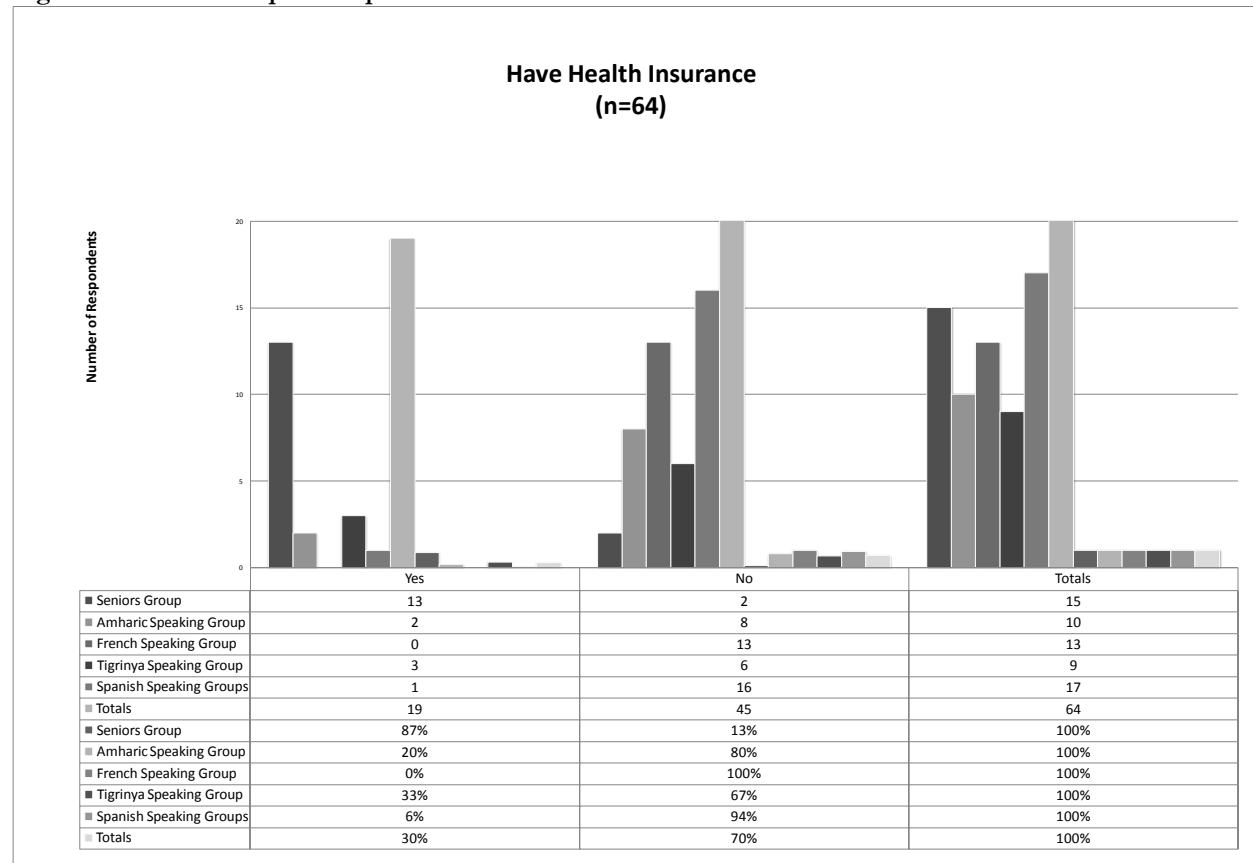
**Figure 32: Focus Group Participants' English Speaking Ability**



## Health Insurance

Most Seniors Group participants had health insurance, while most Amharic, French, Tigrinya, and Spanish speakers did not.

**Figure 33: Focus Group Participants Who Have Health Insurance**

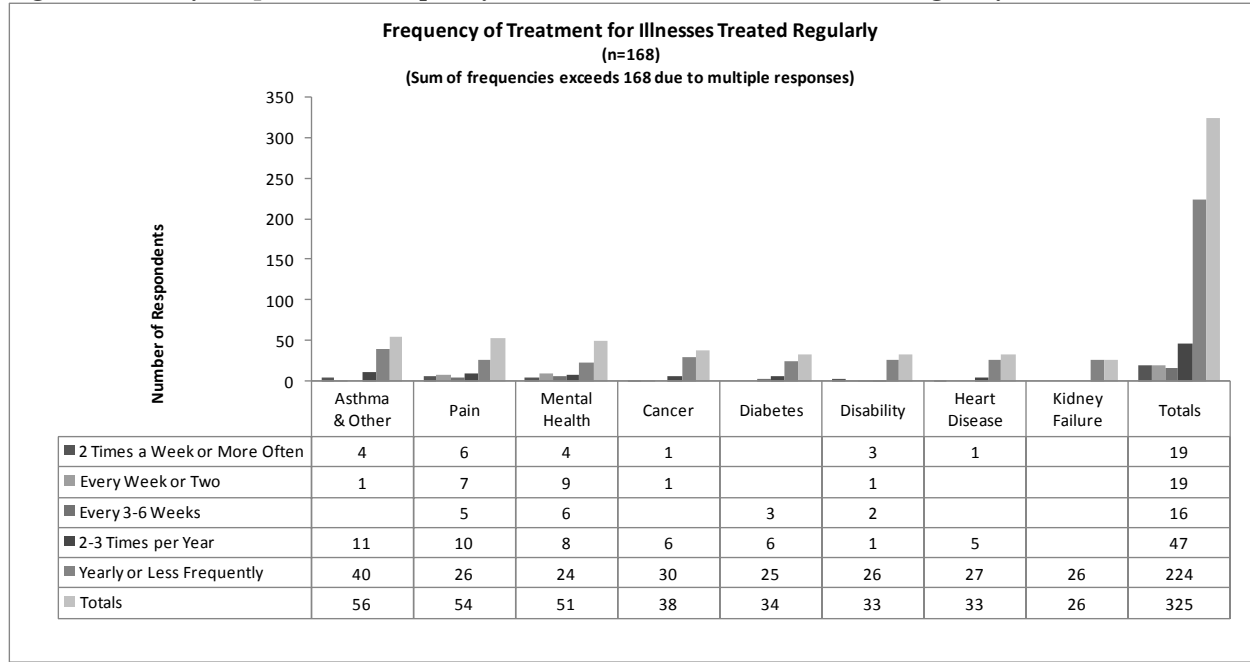


## **Attachment 10 –Graphs of Responses to Survey Health Questions**

### Question 13

**Are you (or a family member you live with) being treated regularly for any of the following illnesses? Enter the treatment frequency next to each illness being treated.**

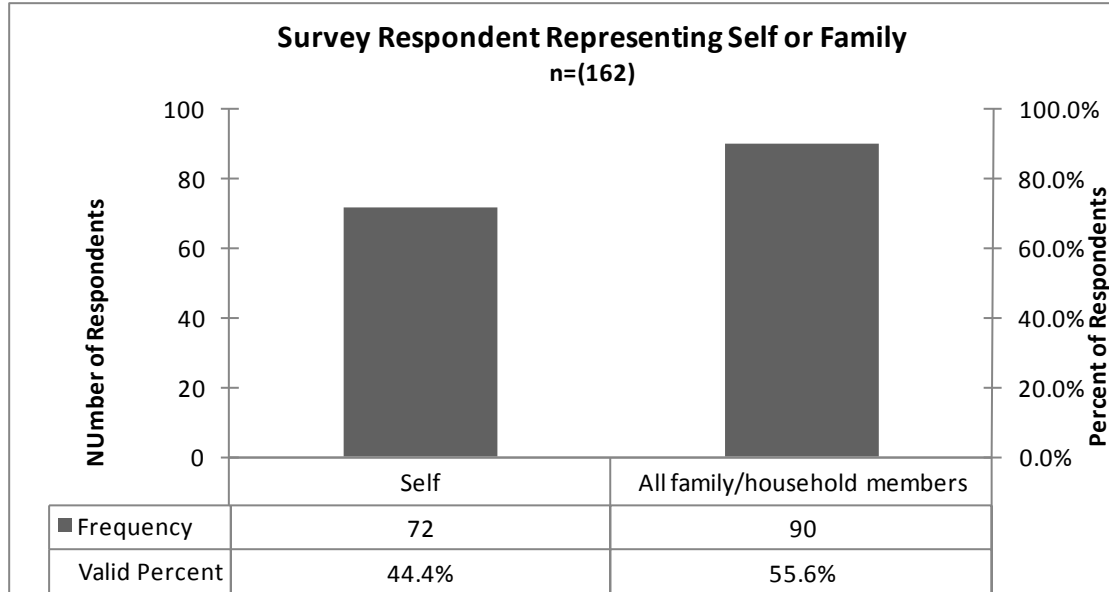
**Figure 34: Survey Respondents' Frequency of Treatment for Illnesses Treated Regularly**



## Question 14

**Are you answering these questions for yourself or for all family/household members?**

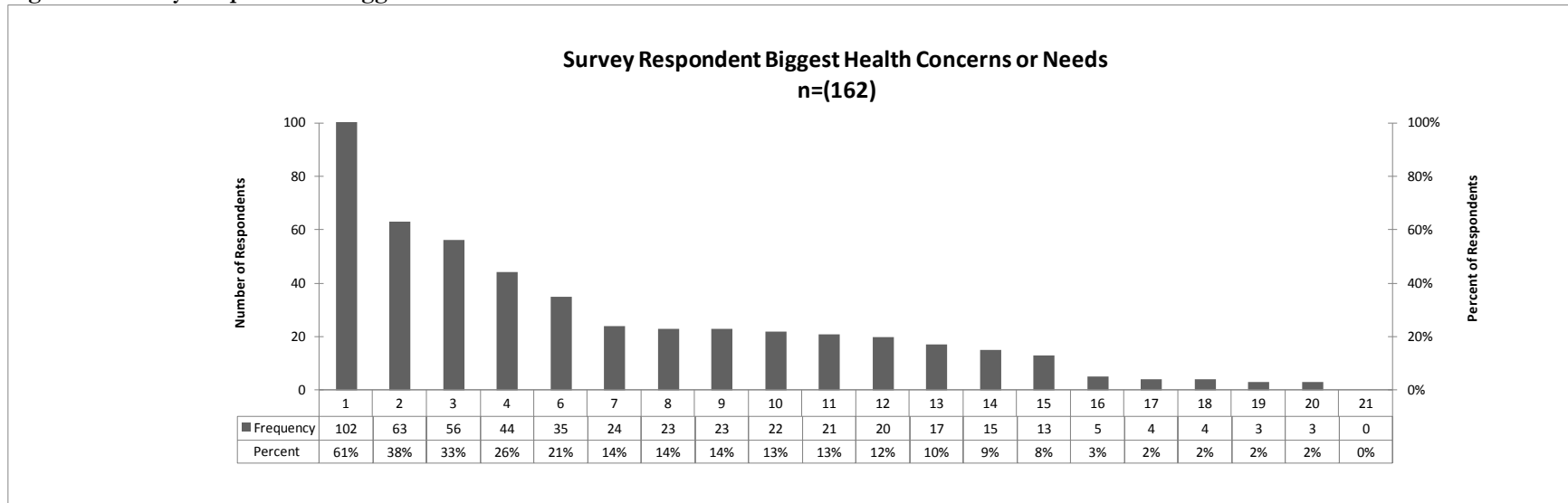
Figure 35: Survey Respondents' Representation of Self or Family



## Question 15

**What are your biggest health concerns or needs? Check one or more**

**Figure 36: Survey Respondents' Biggest Health Concerns or Needs**



Key:

1Access to an Emergency Room for major emergencies  
2Access to care for everyday problems  
3Cost - My ability to pay for health Care  
4Cost of prescription drugs  
5Dentistry or oral health  
6Physical Therapy  
7Chronic condition

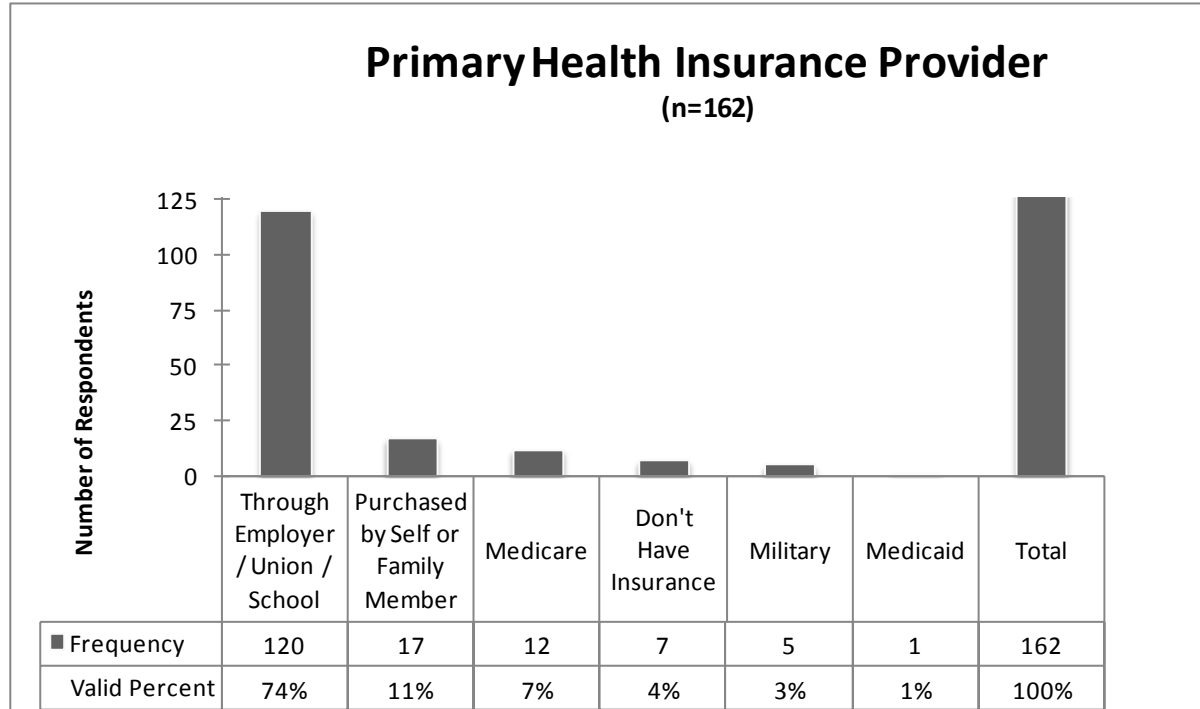
8Mental Health  
9Other  
10Weight or obesity  
11Food or nutrition  
12Lack of/inadequate insurance  
13Transportation - getting to my provider  
14Chiropractic Therapy

15Surgery  
16Chronic Pain Therapy  
17Occupational Therapy  
18Availability of care in my primary language  
19Speech Therapy  
20Eating disorders

## Question 16

### Who is your primary health insurer?

Figure 37: Survey Respondents' Primary Health Insurance Provider

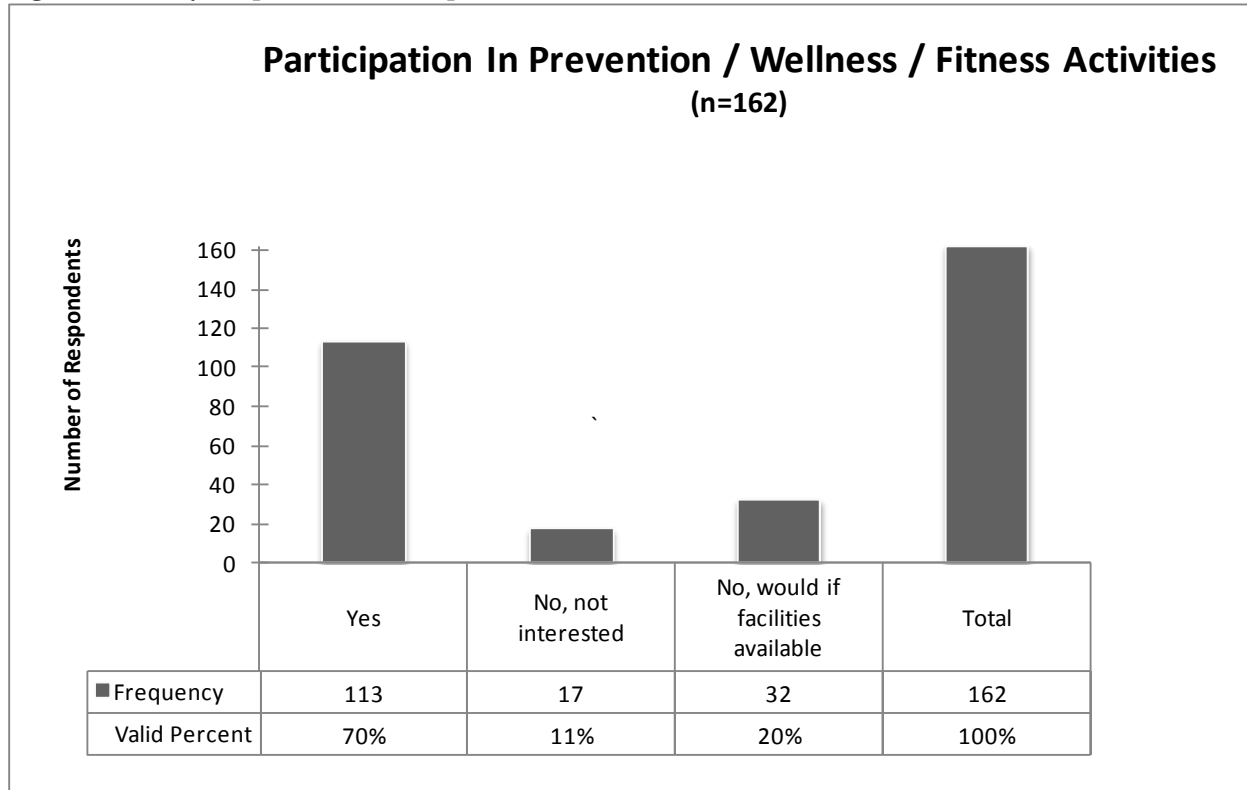




## Question 17

**Do you participate regularly in Prevention/Wellness/Fitness activities?**

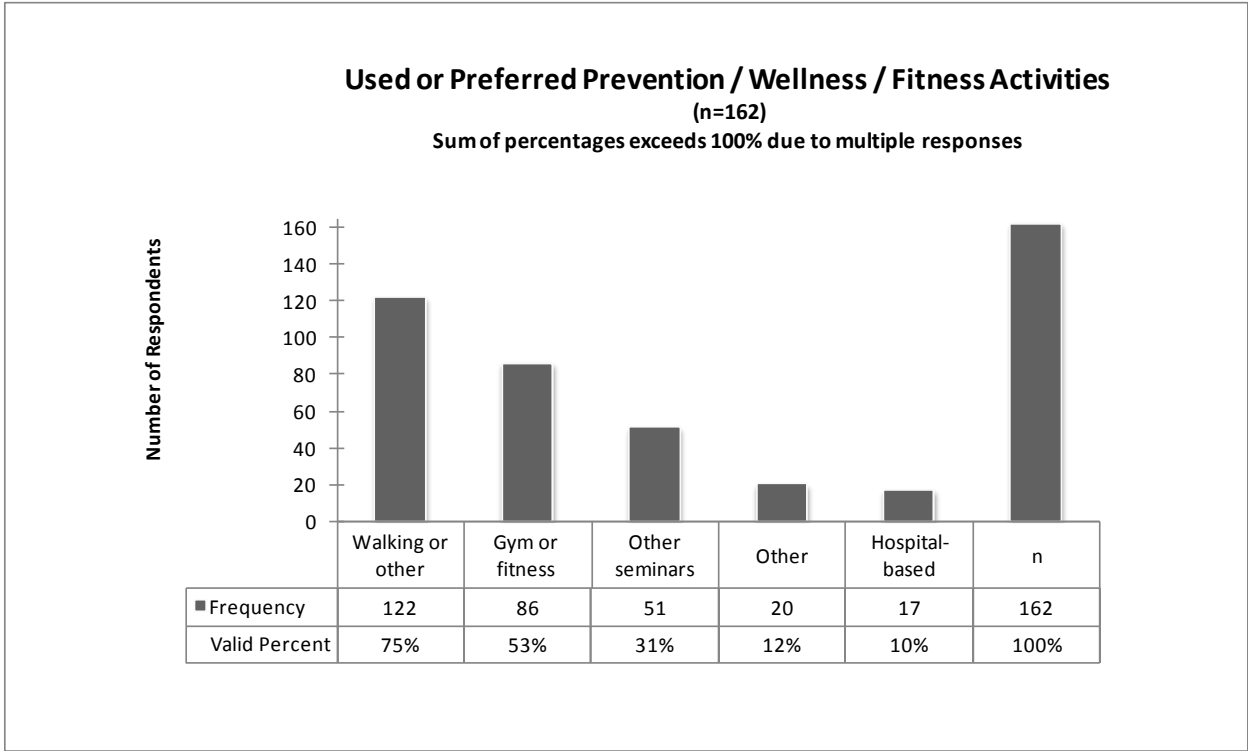
Figure 38: Survey Respondents' Participation in Prevention/Wellness/Fitness Activities



Question 18

What Prevention/Wellness/Fitness activities do you use or would you like to use?

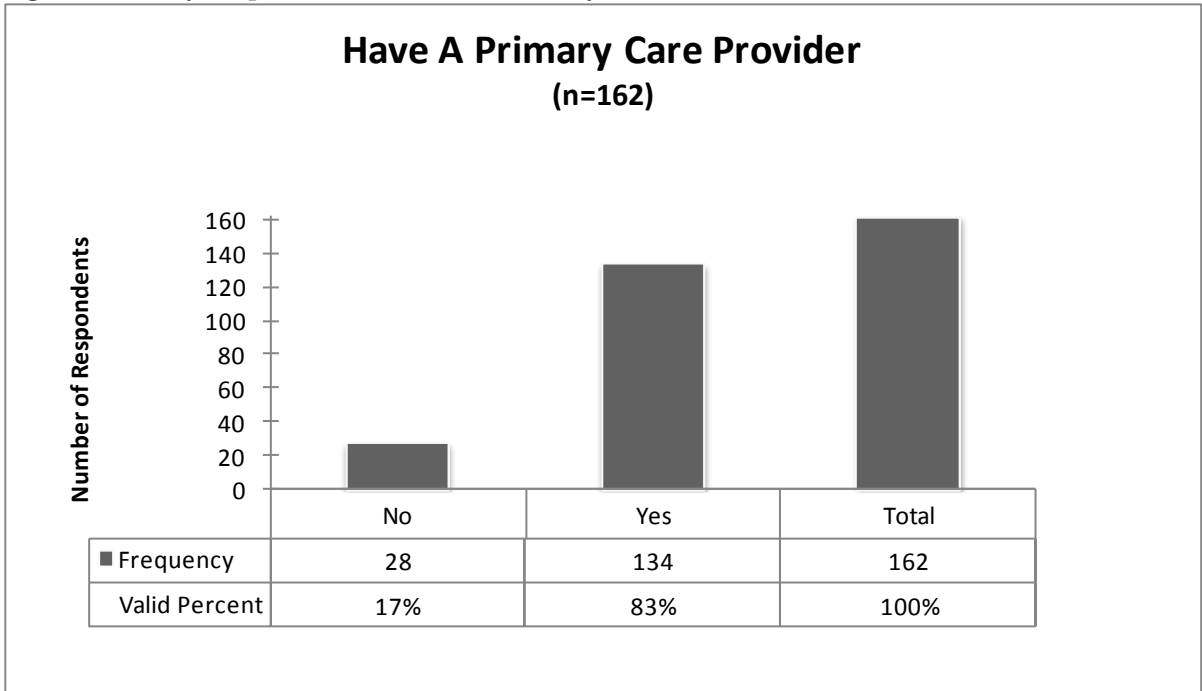
Figure 39: Survey Respondents' Used or Preferred Prevention/Wellness/Fitness Activities



Question 19

**A primary care provider is a particular physician, physician's assistant, or nurse practitioner you see if you need a checkup, want advice about a health problem, or get sick or hurt. Do you have a primary care provider?**

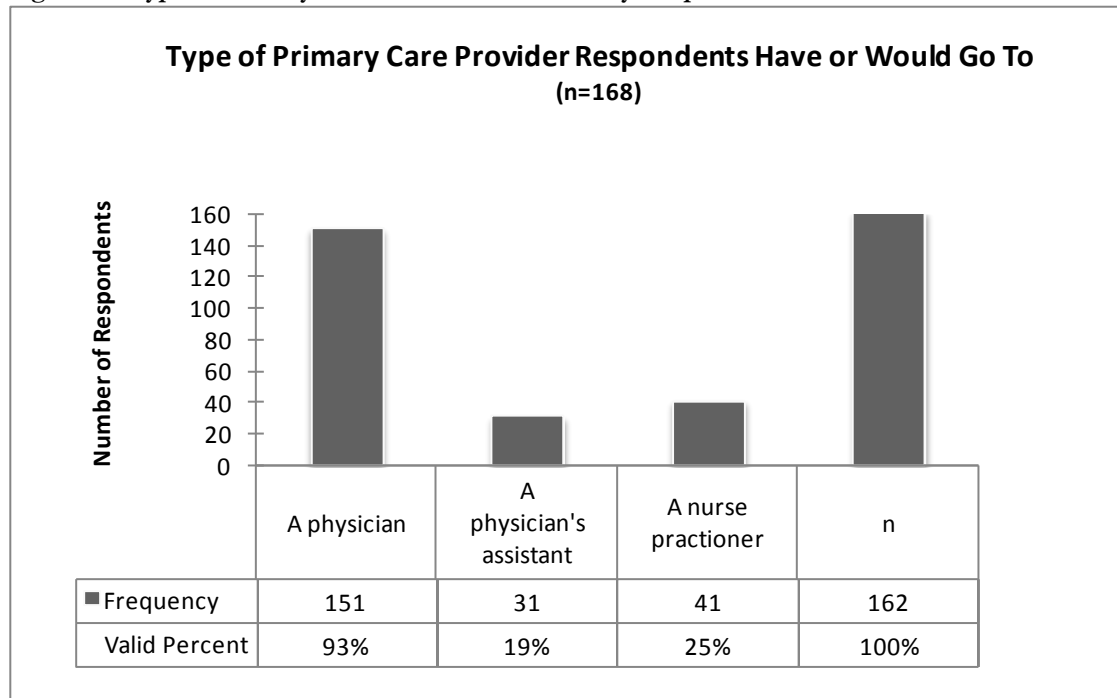
Figure 40: Survey Respondents Who Have a Primary Care Provider



## Question 20

**If you have or would go to a primary care provider, what type of primary care provider do you have or would you go to**

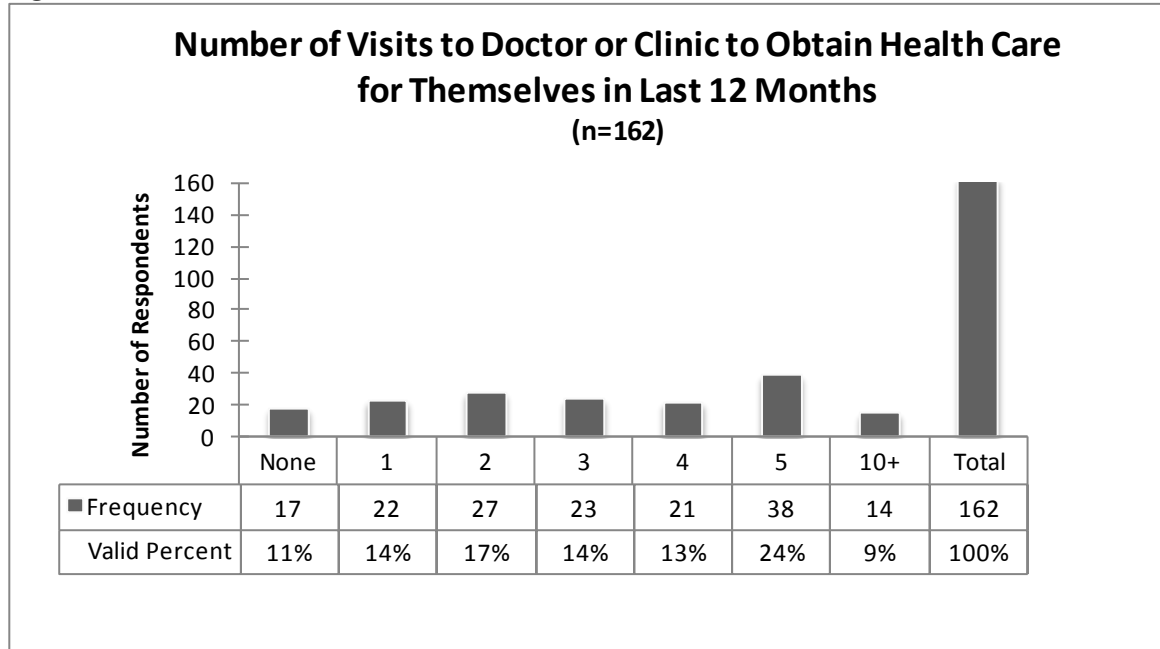
Figure 41: Type of Primary Care Provider which Survey Respondents Have or Would Go To



## Question 21

**In the last 12 months, not counting emergency-room visits, how many times did you go to a doctor's office or clinic to get health care for yourself?**

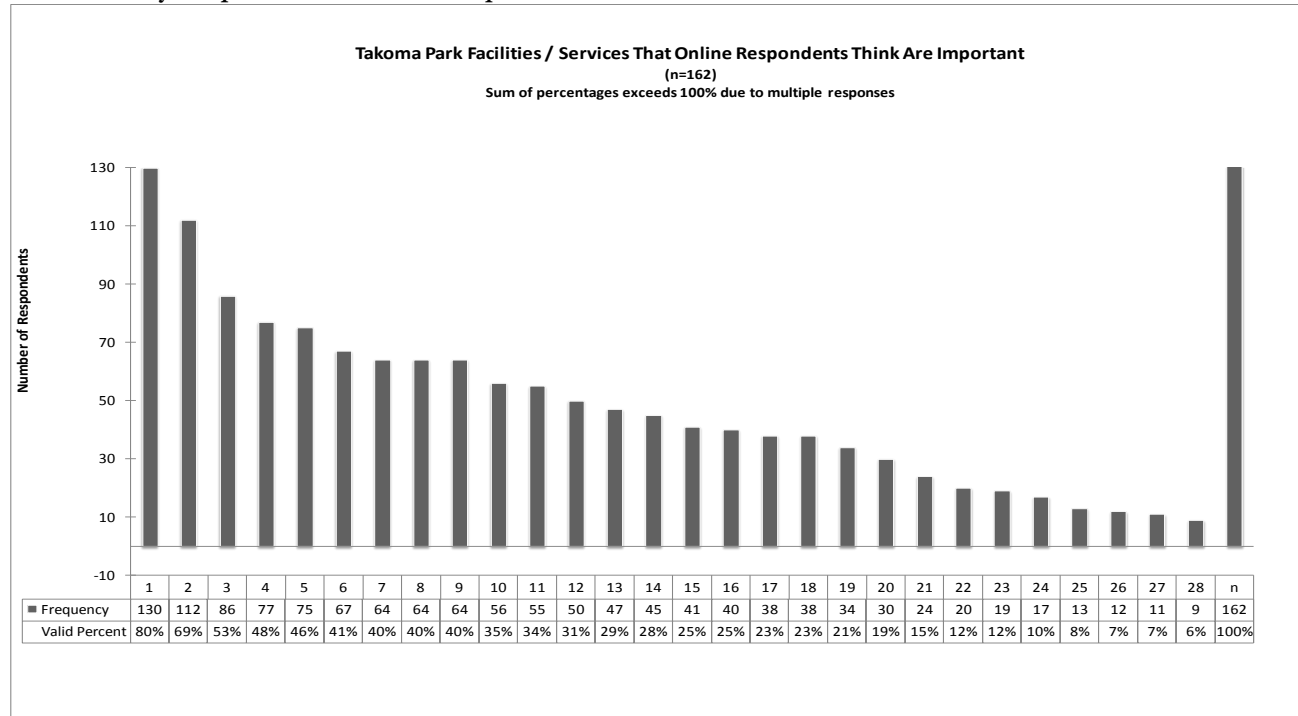
Figure 42: Number of Visits to the Doctor or Clinic in Last 12 Months



## Question 22

Indicate the Takoma Park facilities/services that you think are important - select any number

Figure 43: Facilities/Services that Survey Respondents Think are Important



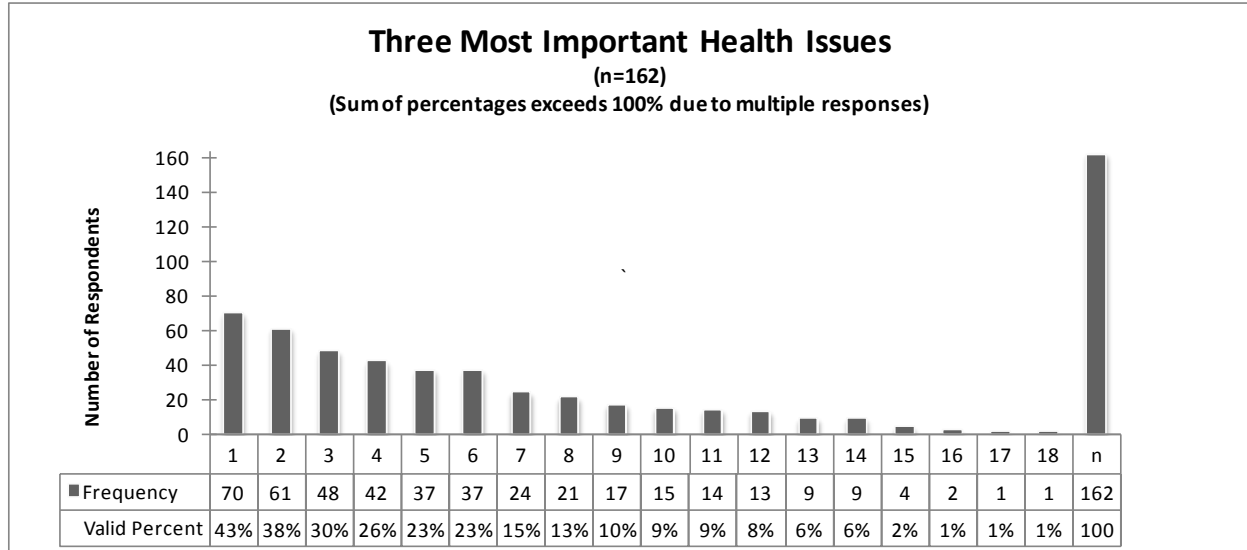
Where:

1 After Hours Urgent care	9 Maternity / Midwifery Services	17 Home Health	25 Rheumatology
2 Emergency	10 Immunizations	18 Rehabilitation Services	26 Eating Disorder
3 General Practice / Primary Care	11 Mental Health	19 Substance Abuse / Addiction	27 Other
4 Fitness /Prevention / Wellness	12 Eye / Vision Care / Optometry	Counseling	28 Endoscopy
5 Lifestyle classes, programs	13 Family / Domestic Counseling	20 Suicide Prevention	
6 Pediatric Services	14 Natural Medicine / Alternative	21 Ophthalmology	
7 Dental, Oral Health	Therapies	22 Dermatology	
8 Family Planning / Birth Control	15 Nursing Home / Long-Term Care	23 Oncology	
Hospital	16 Hospice	24 Dialysis	

### Question 23

**Takoma Park's three most important health issues are - Enter no more than THREE different issues.**

Figure 44: Survey Respondents' Three Most Important Health Issues



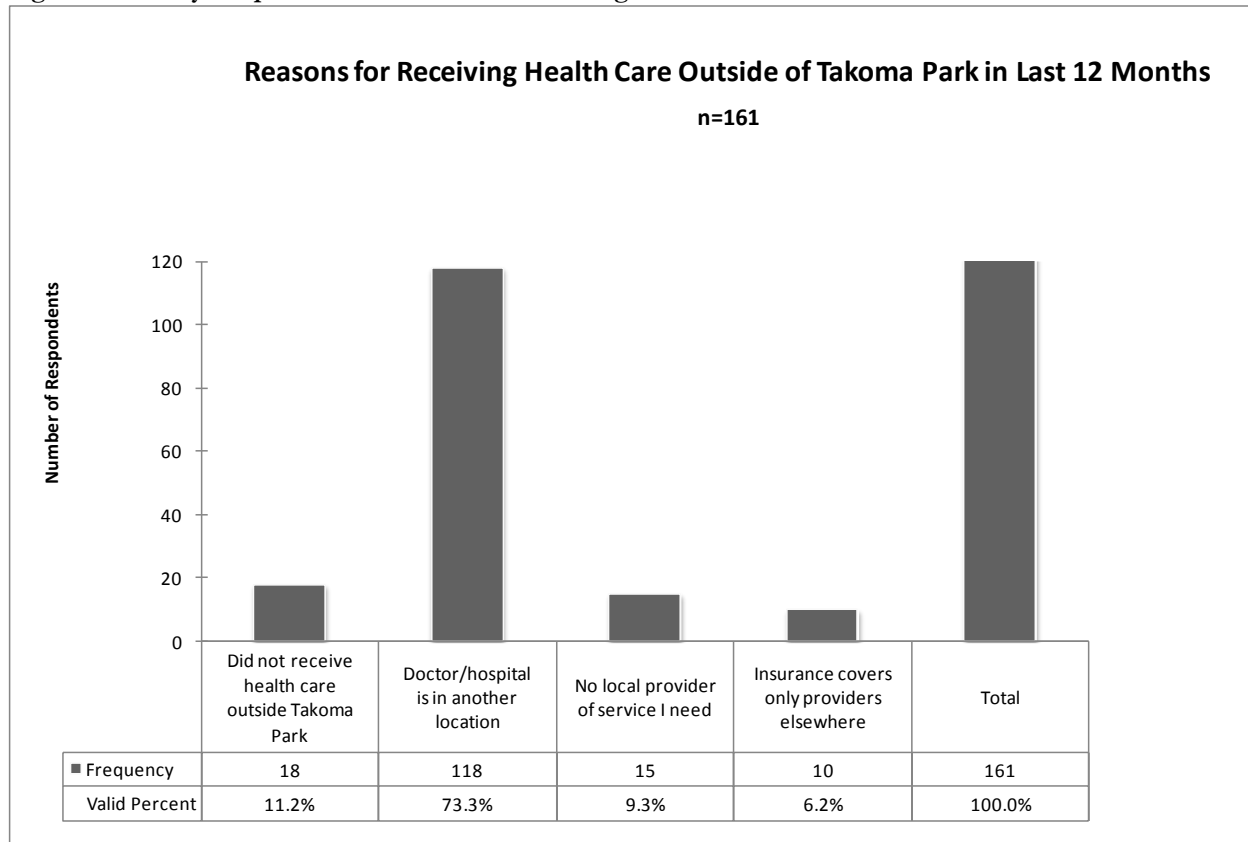
Key:

- 1 Care for the elderly/aged
- 2 Pedestrian safety
- 3 Chronic diseases
- 4 Pre-natal/birth care
- 5 Poor diet/inactivity
- 6 Substance abuse including drugs, alcohol, tobacco/addictive behavior
- 7 School nutrition
- 8 Infectious diseases
- 9 Sexually-transmitted diseases (STDs) and AIDS
- 10 Child abuse/neglect
- 11 Motor vehicle accidents
- 12 Domestic violence
- 13 Teen pregnancy
- 14 Other
- 15 Suicide
- 16 Malnutrition
- 17 Eating disorders
- 18 Firearm-related injury

## Question 24

**If you received health care OUTSIDE OF Takoma Park in the last 12 months, enter the answer that best explains your reason for doing that.**

Figure 45: Survey Respondents' Reasons for Receiving Health Care Outside of Takoma Park

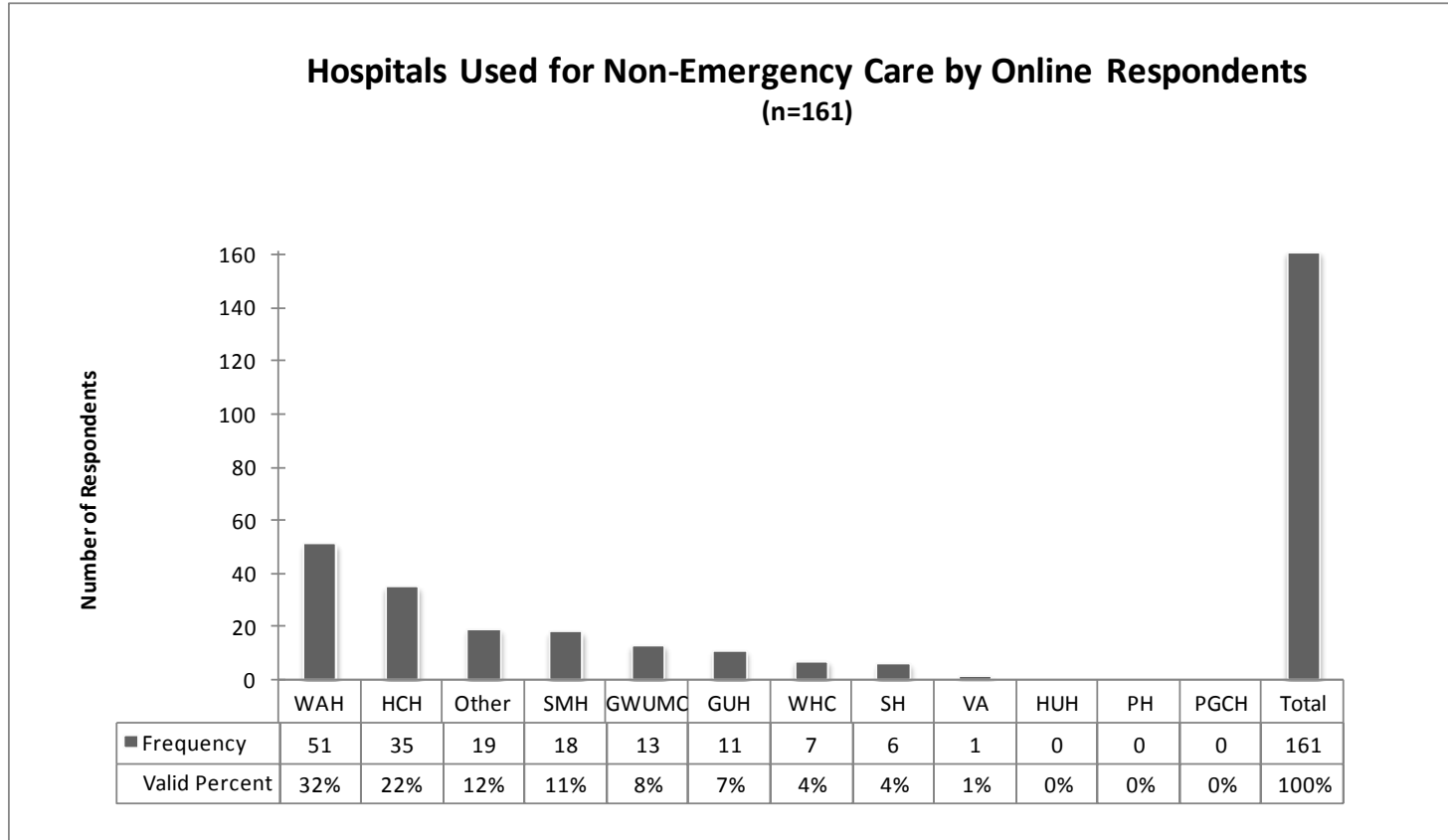




## Question 25

### Which hospital do you use for non-emergency care?

Figure 46: Hospitals Used by Survey Respondents for Non-Emergency Care



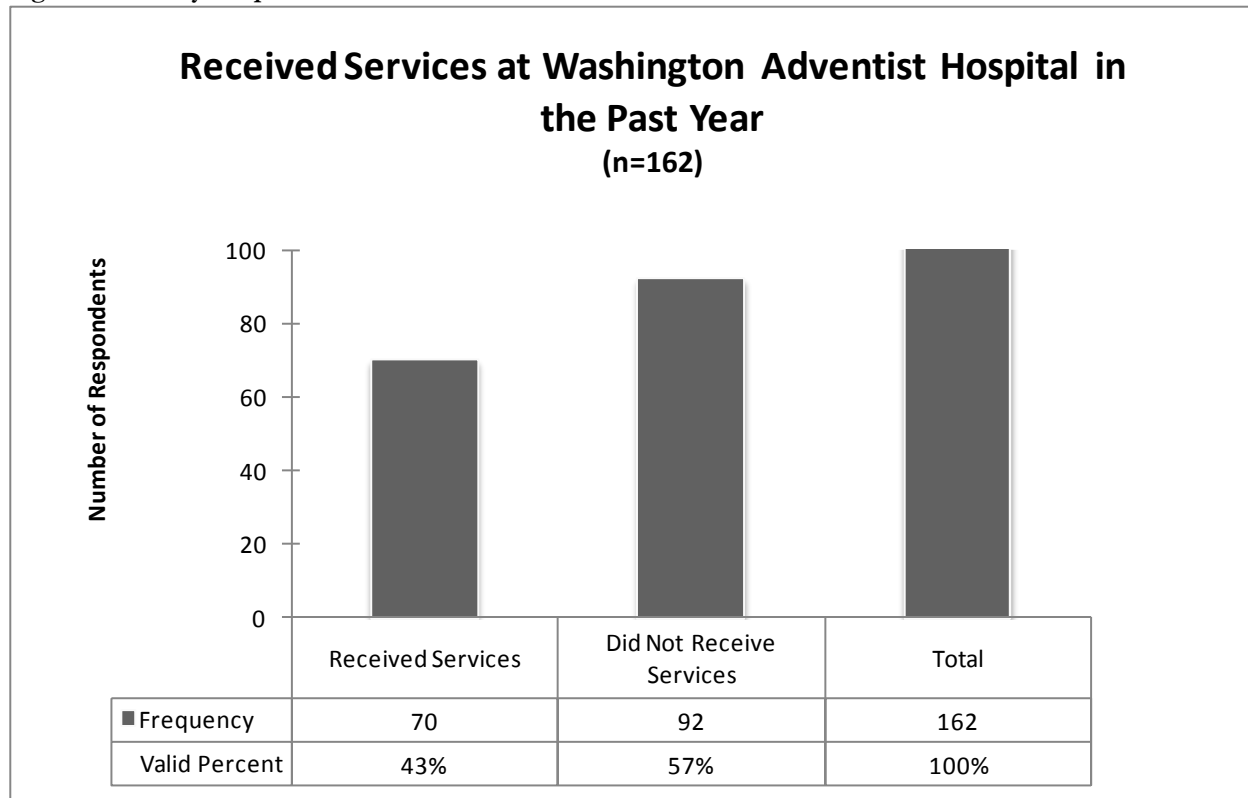
Key:

WAH	Washington Adventist Hospital	GUH	Georgetown University Hospital	HUH	Howard University Hospital
HCH	Holy Cross Hospital	WHC	Washington Hospital Center	PH	Providence Hospital
Other	Other	SH	Suburban Hospital	PGCH	Prince George's County Hospital
SMH	Sibley Memorial Hospital	VA	Veterans Administration		
GWUMC	George Washington University Medical				

## Question 26

**Within the past year, did you or members of your immediate family receive services at Washington Adventist Hospital?**

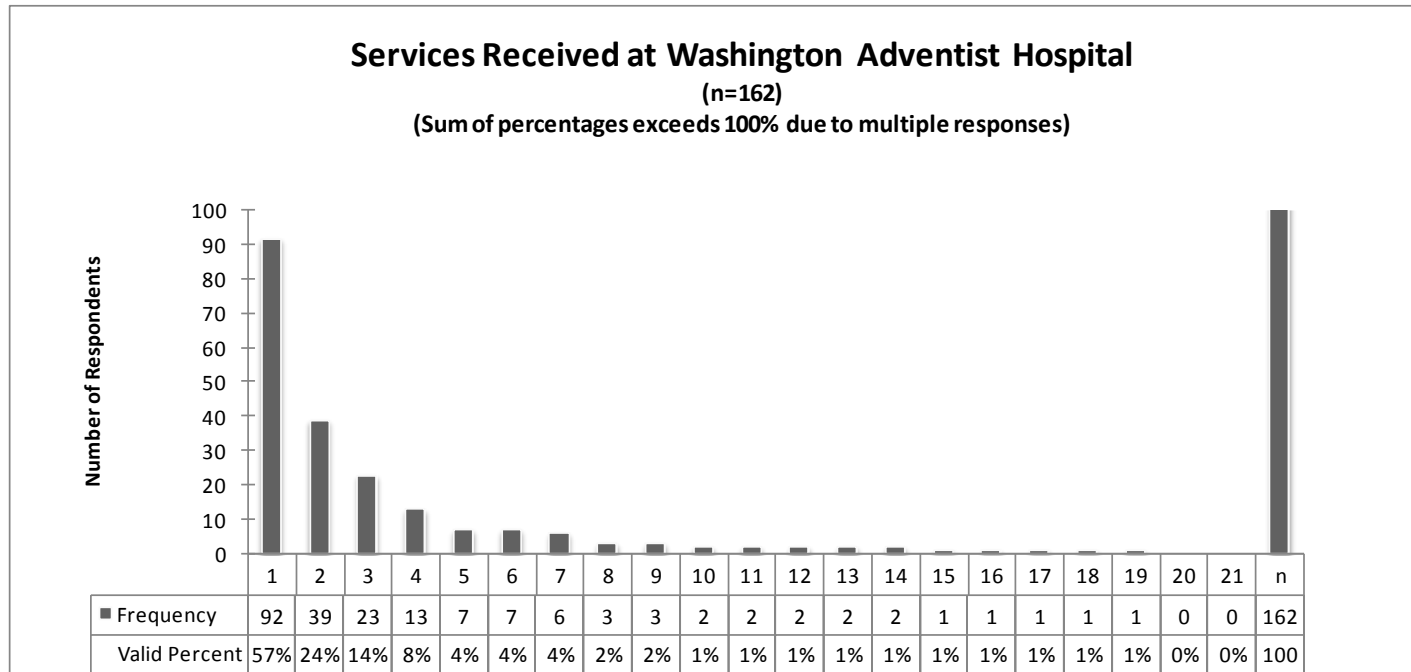
Figure 47: Survey Respondents Who Received Services at WAH in the Past Year



## Question 27

**Within the past year, which of the following types of services did you or members of your immediate family receive at Washington Adventist Hospital? Enter all that apply.**

Figure 48: Services Received at WAH



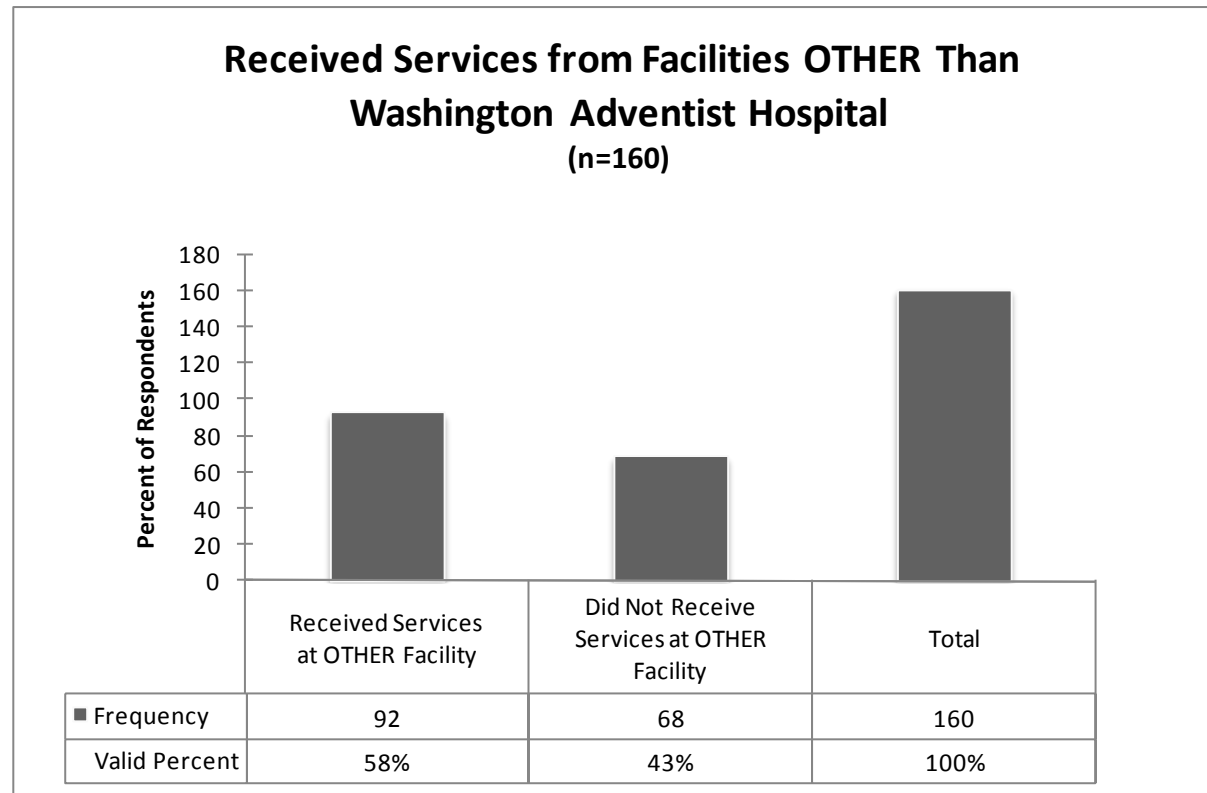
Key:

- |   |   |
|---|---|
| <b>1</b> Received services Other than WAH | <b>12</b> Mental health care/therapy                  |
| <b>2</b> Emergency room/urgent care       | <b>13</b> Orthopedics, joint, rehabilitation medicine |
| <b>3</b> Lab work                         | <b>14</b> Pain management                             |
| <b>4</b> Radiology/X-ray/MRI              | <b>15</b> Bariatric/weight loss surgery               |
| <b>5</b> Cardiac/heart care               | <b>16</b> Neurology/stroke services                   |
| <b>6</b> General practice/primary care    | <b>17</b> Podiatry                                    |
| <b>7</b> Pediatric care                   | <b>18</b> Sleep disorders                             |
| <b>8</b> General surgery                  | <b>19</b> Urology care                                |
| <b>9</b> Obstetrics/gynecology            | <b>20</b> Cardiac rehabilitation                      |
| <b>10</b> CPR training                    | <b>21</b> Oncology/cancer care                        |
| <b>11</b> Immunizations                   |   |

# Question 28

Did you or members of your immediate family receive services from a facility OTHER than Washington Adventist Hospital?

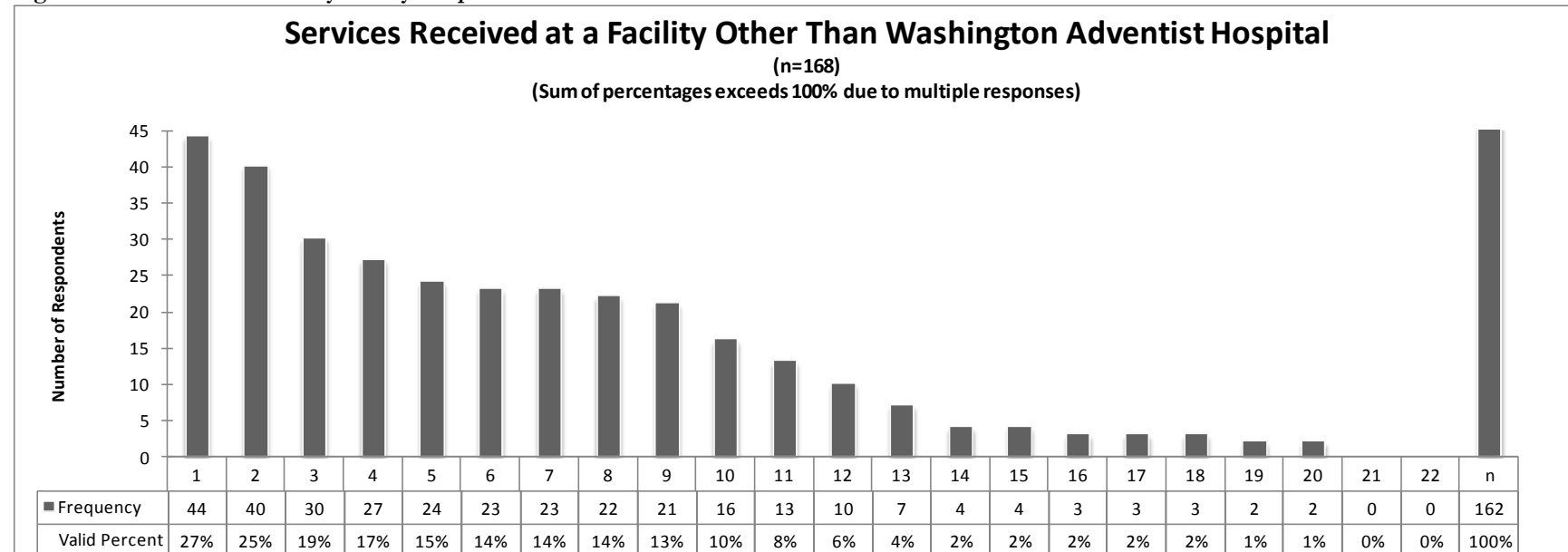
Figure 49: Received Services from Facilities Other than WAH



## Question 29

**Within the past year, which of the following types of services did you or members of your immediate family receive at a facility OTHER than Washington Adventist Hospital? Enter all that apply.**

Figure 50: Services Received by Survey Respondents at Facilities Other than WAH



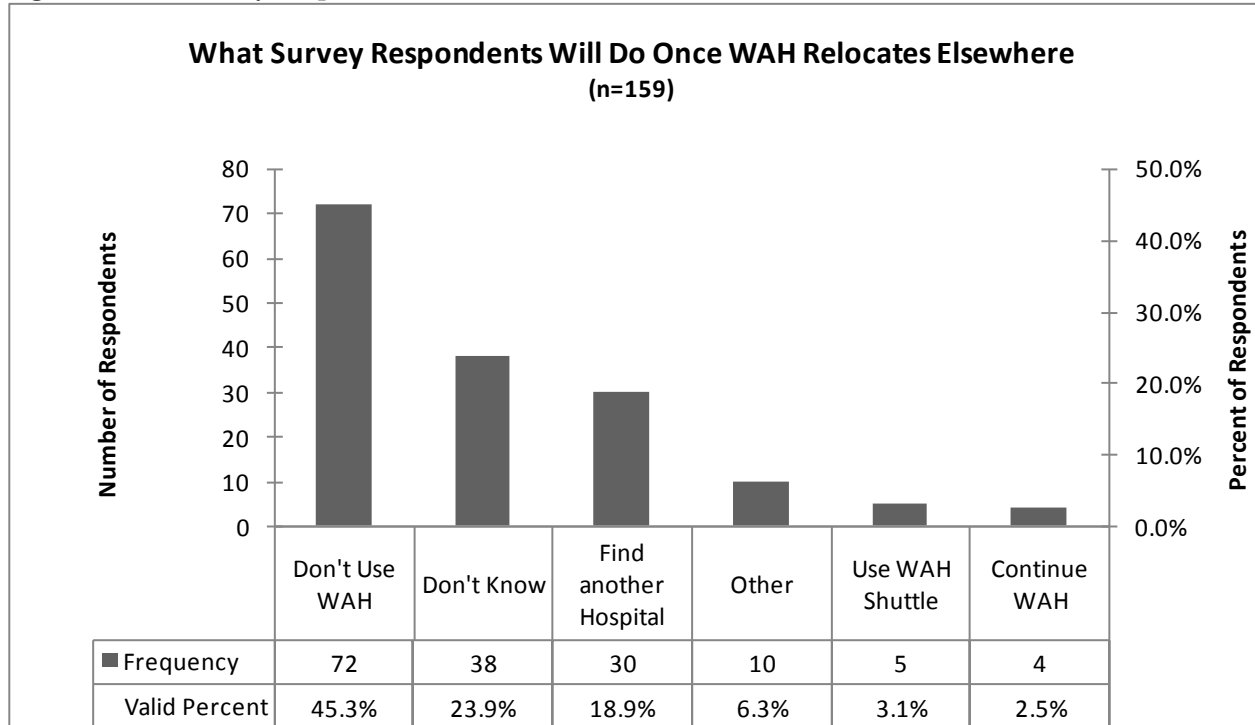
### Key:

- |                                 |  |                              |                                  |
|---------------------------------|--|------------------------------|----------------------------------|
| 1 Lab work                      | 8 Pediatric care                               | 14 Cardiac/heart care        | 21 Bariatric/weight loss surgery |
| 2 General practice/primary care | 9 After-hours urgent care                      | 15 CPR training              |                                  |
| 3 Obstetrics/gynecology         | 10 General surgery                             | 16 Oncology/cancer care      |                                  |
| 4 Emergency room/urgent care    | 11 Mental health care/therapy                  | 17 Sleep disorders           |                                  |
| 5 Immunizations                 | 12 Orthopedics, joint, rehabilitation medicine | 18 Urology care              |                                  |
| 6 Radiology/X-ray/MRI           | 13 Pain management                             | 19 Neurology/stroke services |                                  |
| 7 Other (please specify)        |  | 20 Podiatry                  |                                  |

### Question 30

**Washington Adventist Hospital (WAH) plans to relocate outside of Takoma Park. If you get your health care at WAH what will you do?**

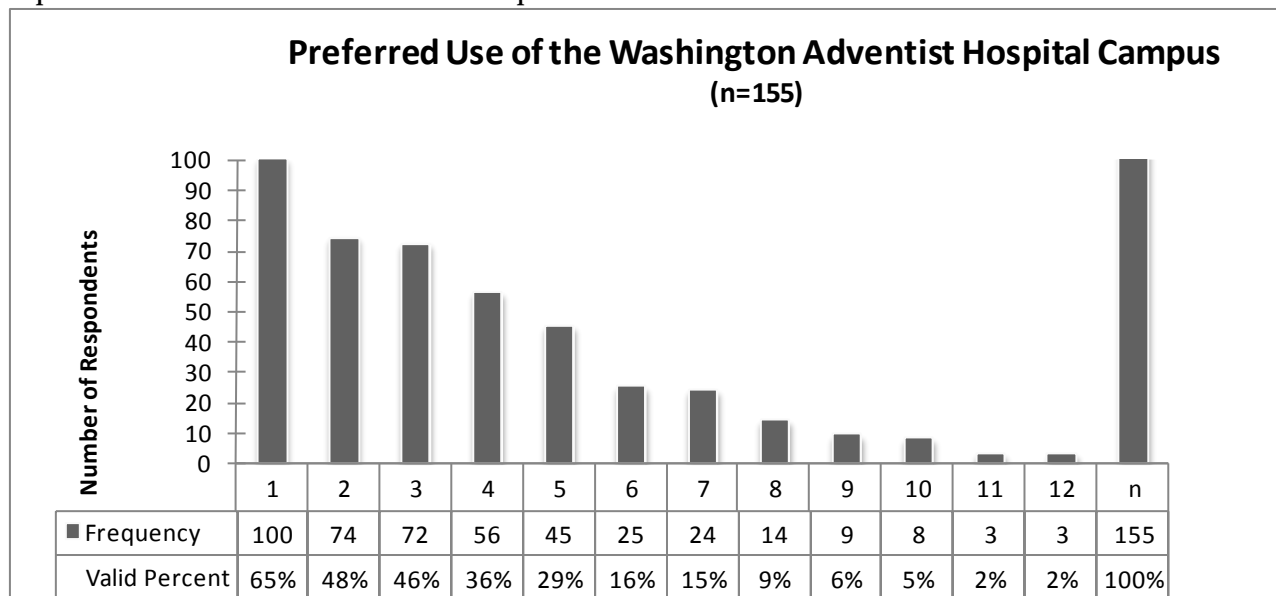
Figure 51: What Survey Respondents Will Do Once WAH Relocates Elsewhere



### Question 31

**If Washington Adventist Hospital locates elsewhere, how would you like to see the Takoma Park campus and facilities of Washington Adventist Hospital utilized?**

Figure 52: Survey Respondents' Preferred Use of the WAH Campus



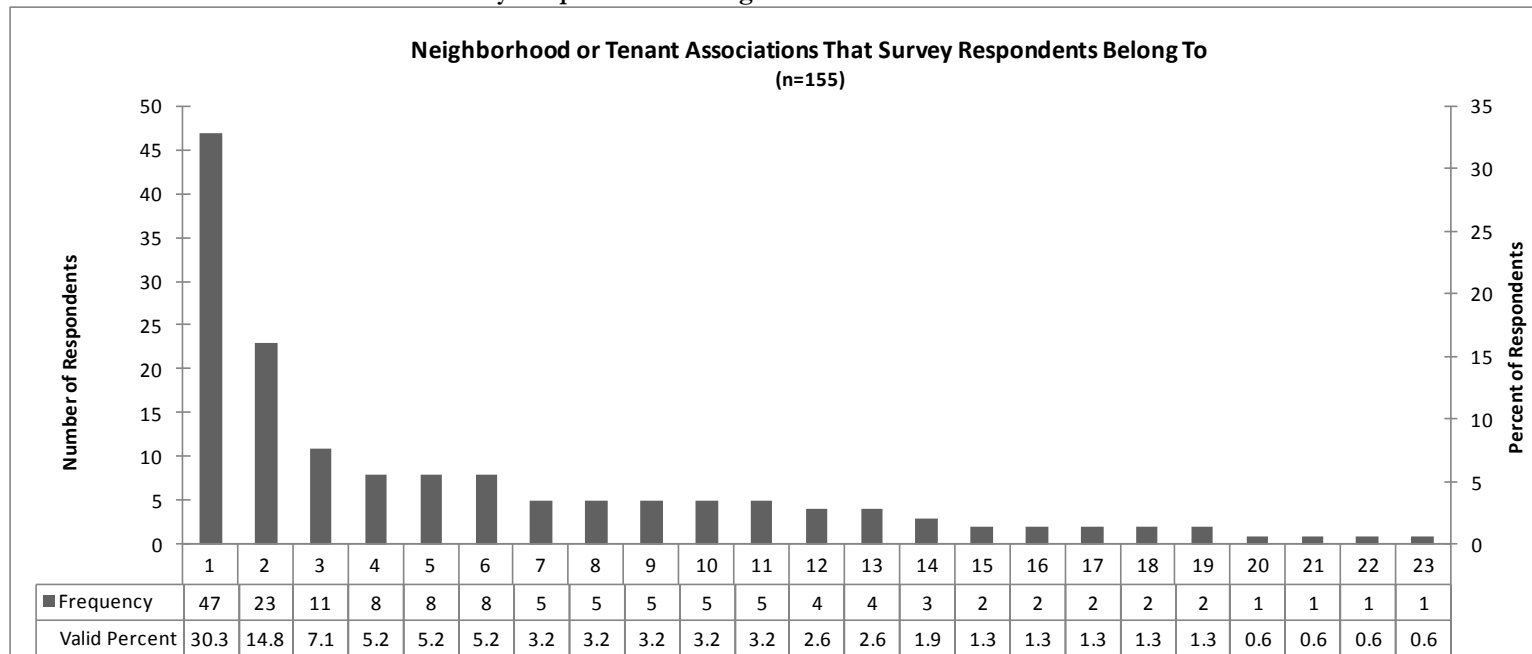
**Key:**

- |  |                              |
|--|------------------------------|
| 1 Emergency/urgent care facility                 | 9 Retail or other commercial |
| 2 Fitness/Prevention/Wellness/Lifestyle facility | 10 Residential               |
| 3 Offices for health-care providers              | 11 Offices for businesses    |
| 4 Park, athletic, or recreational facility       | 12 Other                     |
| 5 Hospital                                       |                              |
| 6 Daycare facility                               |                              |
| 7 Offices for non-profit organizations           |                              |
| 8 School   |                              |

## Question 32

**To what Takoma Park area Neighborhood or Tenant Association do you belong or in what Tenant Association territory do you live? Choose one.**

Figure 53: Neighborhood or Tenant Associations that Survey Respondents Belong To



**Key:**

- |                                    |  |  |
|------------------------------------|--|--|
| 1 None / Don't know                | 10 Sligo Creek Long Branch Neighborhood Assoc. | 18 Sligo Station Condo Assoc.          |
| 2 Longbranch-Sligo Citizens Assoc. | 11 Westmoreland Area Comm. Assoc.              | 19 Takoma Foundation                   |
| 3 Old Town Residents' Assoc.       | 12 Ritchie Citizens Assoc.                     | 20 22/24 Manor Circle Tenant Assoc.    |
| 4 BF Gilbert Citizens Assoc.       | 13 Takoma Phoenix Condo Assoc.                 | 21 60 Elm Ave. Tenants Assoc.          |
| 5 North Takoma Citizens Assoc.     | 14 Circle Woods Comm. Assoc.                   | 22 Boyd-Carroll Neighb. Assoc.         |
| 6 South of Sligo Citizens Assoc.   | 15 Between the Creeks Assoc.                   | 23 New Hampshire Gardens Tenant Assoc. |
| 7 Historic Takoma, Inc.            | 16 Old Town-Carroll Neighb. Assoc.             |  |
| 8 Hodges Heights Citizens Assoc.   | 17 Pinecrest Comm. Assoc.                      |  |
| 9 SS Carroll Citizens Assoc.       |  |  |



**Attachment 11 – Tabulation of Responses to Focus Group Questions**

## TABLE OF PARTICIPANT RESPONSES TO FOCUS GROUP QUESTIONS

### Issue A: Your health care in the last 12 months

#### In general, how would you consider your health?

Seniors	<p><b>In general, how would you consider your health?</b></p> <p>Seniors indicated that their health is generally good, great, bad and fair.</p> <ul style="list-style-type: none"> <li>• I consider [myself] to be lucky and I've been here for twenty-five years and I have communicated with the Washington Hospital Center and that is most important to us. We should all get together and be responsible to see that they don't move that hospital. I tell you because, we need it! You know? So far so good, I mean, with the help of the good Lord. He's the one that we should really look to that he's given the doctors the wisdom and the knowledge to help our life. [My health is good,] so far so good. I'm eighty-two years old.</li> <li>• I'm bubbling because if it had not been for the urgent care that I received two years ago at the Adventist hospital. . . They stabilized me and they made it possible for me to be moved within four hours to another care. That was very, very important. I'm eighty-six years old and I'm at the age that lots and lots of things happen to us even though we've had these diseases and complaints for years. When the EMT's picked me up, they thought I was in a paralytic stroke but the care that I received at Adventist, said no, we've got to reduce the blood pressure and we've got to do some stabilizing things. And during that time, they contacted my doctor and because I was stabilized, the doctor said to move me to Holy Cross. And I just thank God that they were there. I think that seniors and young people, everybody needs an urgent care facility. [I'm] doing great [with my health.]</li> <li>• Well, I would say that I'm doing pretty good. I'm seventy-nine years old and I walk every day and I live on the twelfth floor of a building and I always walk the stairs and the only time that I take the elevator is when I have groceries or something. I would like to share my thoughts, which are: I had a triple bypass in 2005 and I just want to thank God that I am living today because it wasn't easy. I've been in the hospital since I moved here. I moved here last April -- I'm sorry, May. And I've been in the hospital about six times and I'm only living on about a third of my heart. Right. And I feel good. You know, I try to move around but they. . . I don't feel like it and I just stay at home and watch TV. But, I think that I'm going to make it though.</li> <li>• I have pain in my knees and my joints. Some days it's worse than some. Like two days ago, I normally travel with the pain on my right, but two days ago I had it in both shoulders. [My health is] Not fair, but, you know, bad. In-between. Because some days I get up and I just sit there. But some days the pain is more than me, but the doctor has prescribed medication for me but then it doesn't agree with me. It has lots of side effects. I just try to do the lift exercises or now and then I take pain tablets, but, all in all, I try to go along without medication. I use a lot of rubs on my skin. It's there but I'm trying not to let it get over me.</li> <li>• [My health] is fair. I'm doing the best I can.</li> </ul>
French	<p><b>In general, how would you consider your health?</b></p> <p>French speakers indicated that they have poor health primarily because of changes in their diet, lack of affordable healthcare, and stress.</p> <ul style="list-style-type: none"> <li>• My health is bad because of the food that we eat here. There is a lot of fat, sugar and salt in it. Plus we work too much and exhaust ourselves.</li> </ul>

	<ul style="list-style-type: none"> <li>• My health is declining because not everyone can afford healthcare like in Canada where it's free.</li> <li>• I'm ill but I cannot go to the hospital because care is very expensive.</li> <li>• I have never had a check-up ever since I migrated to the U.S. Even when ill I practice self-medication.</li> <li>• Even though La Casa helps us with a few minor check-ups, the drugs we are given afterwards do not always completely cure us.</li> <li>• Although I know that if I get sick today I might die before being able to make it to the doctor, I consider myself in fairly good health since I just moved to the U.S.</li> <li>• I feel as though my health is bad because of the new environment I live in. It is more of my psychological health that has been affected.</li> <li>• In Germany, one can go to a hospital every 3 months whether he/she is sick or not and get a free check-up.</li> <li>• Our psychology is greatly affected because this country does not recognize our value and some of us are consequently forced to hold demeaning jobs and we end up developing ulcers.</li> </ul>
Spanish	<p><b>In general, how would you consider your health?</b></p> <p>Spanish speakers indicated that their health is generally good or "normal."</p> <ul style="list-style-type: none"> <li>• It's good.</li> <li>• It's fine.</li> <li>• Well, it depends on the person, on what you do. I consider it to be excellent. Because I do many things, I keep healthy. I do what I can.</li> <li>• Normal. More or less. Well, my health is more or less normal, but I consider my health to be good. I haven't suffered from any diseases and like he has said, I live a Christian life without contamination from drugs, alcohol, or cigarettes. So, thank God. Well, this is the most important thing because my body has not become contaminated.</li> <li>• Well, almost all of us can say that it's good or normal. But we really don't know completely because you have to go to a doctor within a determined amount of time to know about disease.</li> <li>• Well, mine is good, but as I said, you don't know completely if you are perfectly fine. It depends on each person. I feel good.</li> <li>• Thank god, it's good. I don't have anything wrong.</li> <li>• Well, it's not really bad or really good, it's normal.</li> </ul>
Tigrinya	<p><b>In general, how would you consider your health?</b></p> <p>Tigrinya speakers indicated that their health is generally excellent, good, fair, and poor.</p> <ul style="list-style-type: none"> <li>• Three people said that their health during the past 12 months was excellent and one said her health was good.</li> <li>• One participant said her health was fair and another said that only allergy was the trouble.</li> <li>• Only one participant indicated having poor health.</li> </ul>
Amharic	<p><b>In general, how would you consider your health?</b></p> <p>Amharic speakers indicated that their health is generally good.</p> <ul style="list-style-type: none"> <li>• Most of the participants consider their health during the last 12 months as good</li> </ul>

**Are you (or a family member you live with) being treated regularly for a disease, illness, or condition?**

Seniors	<p><b>Are you (or a family member you live with) being treated regularly for a disease, illness, or condition?</b></p> <p>Seniors indicated that they suffer and are treated regularly for asthma, heart trouble, eye trouble, pain associated with hip and knee replacements, diabetes, breast cancer, high blood pressure, and arthritis.</p> <ul style="list-style-type: none"> <li>• I have diabetes and I have asthma and I have heart trouble, so I'm treated for all of that. [I get treated] once a month.</li> <li>• I have a lot of examples. I come from a large family. My mom had thirteen children. Eight brothers and five sisters. And my older sister passed away the last year and she was eighty years old. But I had a brother who was in the hospital for a heart attack and he called me and he told me that the doctor had asked him if he had any sicknesses and he said that the doctors had advised them to go and have themselves checked out about their hearts and I did. And thank god I did. So far so good. But all of them are gone and I'm the only one left living now. And there were thirteen of us. The last one died when she was eighty-seven. She would have been about ninety-three. And my father's birthday is the thirteenth, and he would have been about a hundred and five. You have to be strong, you know. I only have my children. And they have problems too, so, but they go to the doctor.</li> <li>• Eye trouble. Everything.</li> <li>• I'm getting physical therapy at Adventist for my left hip replacement. But I've had both knees replaced and my left was the worst and I'm still getting PT but I'm doing great and they're great.</li> <li>• I had four heart attacks, and I've got sugar diabetes.</li> <li>• I have the major things that happened within the Afro-American community. I just finished my second radiation treatment for breast cancer. I have diabetes and all of these things don't really help me because I'm glad that I have the feathers of mine to be happy and no matter how sick I get, I say, "I'm going to be alright."</li> <li>• I go to the doctor about three times a month, every month. Like I said before, I have diabetes; I have high blood pressure, arthritis. Chronic. Sometimes I can hardly move around. That's why I don't do that much socializing and stuff because sometimes I can hardly move. But besides from that, the doctors at the Adventist hospital have helped me so much because in 2005, I didn't think that I would be living today.</li> <li>• I have high blood pressure. I have sugar. My heart is acting up. If it wasn't for the care of the Washington Adventist Hospital, I probably wouldn't be here.</li> <li>• Some months, I go a [to the hospital] a lot. And some months, like this month, I've been taking tests and everything so about six times so far and I still got a couple more to go. But I think Washington Adventist Hospital is in a good location for all of us seniors and disabled people, and I would hate to see it move.</li> <li>• Yes, I've never had to go to Adventist hospital to have any treatment but I have been to the hospital a couple times to visit. But I've never had to go. But still, last year, I had a hip bone operation on my left side but it was done at Howard. Even though I have never been to Adventist hospital, folks that live around here, that live in this building or whatever, I hear a lot of them talk about the hospital being so close in the community and it's a good thing. And all, for at least this building and possibly this neighborhood, we frequently hear and see ambulances that come here in this building more often and maybe on a constant basis through the day or the night. Now, the thing is, for whatever ailments that people are going to the hospital for, if the hospital wasn't so close to where the ambulance right in their neighborhood could get them to the care or get them to the hospital, I don't know how much farther [they would have to go]. Maybe they would have</li> </ul>
---------	--

	<p>to go to Holy Cross that's in Silver Spring or whatever. But I just feel as though it, being as close as—and especially for the number of times that they have to run back and forth—and sometimes you see the same guys or say, maybe, number-wise that keep coming back for the neighborhood. But, like I said, it's a convenience that it is so close. For the many times that they have to come up in this area, like I said, if the hospital was a whole lot further or moved out, it could make a difference in somebody's life.</p> <ul style="list-style-type: none"> <li>• I want to go along with Rodney. We hear not only the ambulance but helicopters a lot of times going to the hospital and I've had friends here that don't think that they could make it to a different hospital. Even if Washington Adventist transfers – I think someone said that they got them stabled and transferred – even if they transfer the people, Washington Adventist gets them stable enough to be moved.</li> <li>• And if Washington Adventist were not here, that person probably wouldn't make it long enough to the other hospital. I think it's very important for that reason.</li> </ul>
French	<p><b>Are you (or a family member you live with) being treated regularly for a disease, illness, or condition?</b></p> <p>French speakers indicated that they suffer from stress, asthma, and ocular tension.</p> <ul style="list-style-type: none"> <li>• I have a 14 year old asthmatic daughter but I cannot afford to take her to the hospital, do when she has crises, we go to the pharmacy and practice self medication.</li> <li>• My mother in law is asthmatic and she gets treated with the help from La Casa.</li> <li>• I have ocular tension and have had interventions at the National Hospital Center of Washington, DC.</li> </ul>
Spanish	<p><b>Are you (or a family member you live with) being treated regularly for a disease, illness, or condition?</b></p> <p>Spanish speakers reported that they are not currently being treated regularly for any disease, illness, or condition.</p> <ul style="list-style-type: none"> <li>• No.</li> <li>• No.</li> </ul>
Tigrinya	<p><b>Are you (or a family member you live with) being treated regularly for a disease, illness, or condition?</b></p> <p>Except for one Tigrinya speaker, who reported having one relative with kidney problems, Tigrinya speakers reported that they are not currently being treated regularly for any disease, illness, or condition.</p> <ul style="list-style-type: none"> <li>• One participant said that her husband was very sick and was given wrong medicine that affected his kidney and does have a regular treatment at Washington Adventist hospital.</li> </ul>
Amharic	<p><b>Are you (or a family member you live with) being treated regularly for a disease, illness, or condition?</b></p> <p>Amharic speakers indicated that they rarely receive medical treatment, including those who take their children for treatment of common colds and other child illnesses or conditions, who do so infrequently.</p> <ul style="list-style-type: none"> <li>• There were few who took their children to the hospital, but nothing serious that they have to go frequently.</li> </ul>

**How frequently does this happen?**

Seniors	<p><b>How frequently does this happen?</b></p> <p>Seniors who reported being treated regularly for a disease, illness, or condition indicated that they are treated three times or more per month.</p> <ul style="list-style-type: none"> <li>• Three times [a month].</li> <li>• More.</li> </ul>
French	<p><b>How frequently does this happen?</b></p> <p>French speakers who reported being treated regularly for a disease, illness, or condition indicated that they are treated every two weeks, every month, every two months, or when crises arise.</p> <ul style="list-style-type: none"> <li>• Once a month.</li> <li>• Every two weeks.</li> <li>• Only when there's a crisis.</li> <li>• Once every 2 months.</li> </ul>
Spanish	<p><b>How frequently does this happen?</b></p> <p>Spanish speakers reported that, since they are not currently being treated regularly for any disease, illness, or condition, they have no frequencies to report.</p>
Tigrinya	<p><b>How frequently does this happen?</b></p> <p>Tigrinya speakers, most of whom reported not currently being treated regularly for any disease, indicated that they seek checkups every six months or every year.</p> <ul style="list-style-type: none"> <li>• Most participants said that they would seek treatment every six months and some said that they would go to Adventist Hospital once a year for check up.</li> </ul>
Amharic	<p><b>How frequently does this happen?</b></p> <p>Amharic speakers indicated that they visit a doctor about twice per year, on average.</p> <ul style="list-style-type: none"> <li>• Most of the participants indicated that, on average, they have visited the hospital twice in a year.</li> </ul>

### What are your biggest health concerns or needs?

Seniors	<p><b>What are your biggest health concerns or needs?</b></p> <p>Seniors reported that their primary health concerns or needs involve having immediate access to an emergency or urgent care facility, managing their high blood pressure, diabetes, osteoporosis, heart, and back conditions, and having access to round trip transportation to health care facilities.</p> <ul style="list-style-type: none"> <li>• I think most is what Adventist leaves behind. If they do leave a well-equipped emergency room and a clinic and those sorts of facilities and stuff where they can still service an intake for people who need help right away, then I think that that's fine. You know, I could accept that quite well as long as they do leave something behind them and don't just leave a blank lot.</li> <li>• Well, I've been treated for hypertension successfully, so I don't have high blood pressure, and I have a very mild case of diabetes so I can just control my diet. Those just require monograms. They aren't emergency issues. Well, for diabetes, [I get monograms] about once every two months. For my heart, it's more complicated, there is a study every year, an ultrasound of my chest and various blood samples. So that's just kind of a recurring event and those are just tests that I have to have. So far, I'm passing them.</li> </ul>
---------	---

	<ul style="list-style-type: none"> <li>• One of my things is osteoporosis.</li> <li>• Oh, my biggest concern about my health. . . I am a borderline diabetic, I've been so for about nine years, do not take medication, I do have high blood pressure which I take medication for. I go to the doctor every three months just for tests. I went the other day. If I don't get control of my eating, I will end up being a diabetic completely. A full diabetic. I love sweets and a big problem now is that I am eating too much sweets.</li> <li>• Nothing since they turned my stomach around. I was born with an upside-down stomach and I went to a hospital in '44, and they cut me wide open and changed it around from the bottom up to the top and they switched it around.</li> <li>• [My biggest concern is the] heart. Well, I had a double bypass done and a [Rodarouter?] fourteen times . . . and they can't do nothing else to your heart. A rodarouter? They clean your arteries out. [I had an angioplasty on] six ends.</li> <li>• My major concern is transportation to and from my medical appointments. If you lack metro access to get to these appointments, you better have enough money to get a cab driver and it's not a lot but when you add it up over the course of the month, it's a lot.</li> <li>• Well, I have a lot of health issues. . . And right now I'm getting procedures done on my back for the pain. I've had two of them and I have another one on May 16<sup>th</sup>, because it's difficult sometimes to walk. [I get treatment] all the time! Any time that I go anywhere, it's out to the doctor. I have about six doctors and trying to keep track of them. . .</li> <li>• The only thing that I'm worried about is, will I be able to make it to the hospital in the ambulance? I'm too [old, and the new hospital will be out on Route] 29.</li> </ul>
French	<p><b>What are your biggest health concerns or needs?</b></p> <p>French speakers indicated that their biggest health concerns or needs involve obtaining health insurance, obtaining free or affordable health care, reducing waiting periods for medical and dental services, and reducing the cost of ambulance service.</p> <ul style="list-style-type: none"> <li>• Health insurance is our biggest concern – i.e., securing health insurance that will allow us to obtain quality care.</li> <li>• There is a need for free healthcare.</li> <li>• If free healthcare is not feasible, providing affordable healthcare accessible to all would be a good start.</li> <li>• Even when one can afford care, the waiting period is often too long. I know someone who has a toothache and can afford to pay for the treatment, but he was only given an appointment for a month later, so he must put up with the pain.</li> <li>• Patients who visit the emergency room are sometimes asked to come back in a couple of months.</li> <li>• One can get charged \$500 by doing as little as calling 911 and having an ambulance transport you to the hospital.</li> </ul>
Spanish	<p><b>What are your biggest health concerns or needs?</b></p> <p>Spanish speakers stated that their biggest health concerns or needs involve fears of having an accident and having to pay for hospital services, losing their eyesight, developing breast cancer, being unable to pay for medical care, developing diabetes because of a family history of diabetes, having immediate access to an emergency room in case of an accident, and being attended to by personnel who speak your language, because that can shorten your stay at a hospital.</p> <ul style="list-style-type: none"> <li>• For me, I am afraid that an accident could happen to me. You can get hurt and you have to pay so much in a hospital. So that's a fear that I have.</li> <li>• Well, certain things happen to you and you can have certain problems. For example, with</li> </ul>

	<p>eyesight. You can start losing your eyesight little by little.</p> <ul style="list-style-type: none"> <li>• I'm afraid of breast cancer. Because many women get cancer and this scares me as a woman.</li> <li>• No, well, cancer worries me a lot. That worries me a lot. That is one of the things that worry me the most.</li> <li>• One thing that worries me is when suddenly, when you go to the doctor, you have a disease and this brings another one. One of the things that worries me the most is, one or the other, and really, we do not have enough to pay for it. And another thing is that if they actually change the hospital, this is going to hurt us immensely because it is really the only one that we have close to us.</li> <li>• What worries me a lot is that my mom has diabetes and my family, also, had many diseases, and so that we as their children could inherit them and we have to eat well and be healthy [to see] if there is a way to prevent that.</li> <li>• Yes, [I'm worried about having access to an emergency room].</li> <li>• Maybe they will lose more lives because the further away the hospital is, the longer it takes to reach the emergency room. And that, yes, will affect the community.</li> <li>• It affects it a lot in the case of an emergency – if there's an accident.</li> <li>• Yes, because something [may] happen in the middle of night.</li> <li>• [I'm concerned about receiving medical attention in my language.] I've had a problem like that because they took me to a hospital and the truth is that there was a problem, because the faster that you say, "This is what I feel. This is what I feel," the faster they attend to you. But sometimes, there aren't people there to help you and if you don't speak [English], it's very important that they have people who speak your language.</li> </ul>
Tigrinya	<p><b>What are your biggest health concerns or needs?</b></p> <p>Tigrinya speakers indicated that they need oral interpretation services and are concerned about the cost of health care, because both of these impact upon their access to quality health care.</p> <ul style="list-style-type: none"> <li>• Interpretation is on the list as not every member of our community speaks English well.</li> <li>• Access to health care, as most do not have insurance. What we think about is, "How much is going to cost us?" rather than what kind of medical [attention we need].</li> </ul>
Amharic	<p><b>What are your biggest health concerns or needs?</b></p> <p>Amharic speakers indicated that their biggest health concerns or needs involve access to an emergency room in the case of an emergency, lack of or inadequate health insurance, lack of or inadequate information about health services, and transportation to and from health care facilities.</p> <ul style="list-style-type: none"> <li>• Access to an Emergency Room for major emergencies</li> <li>• Lack of /inadequate health insurance</li> <li>• Lack of/ inadequate information about health services</li> <li>• Transportation</li> </ul>

**Tell me, how do you pay for health care?**

Seniors	<p><b>Tell me, how do you pay for health care?</b></p> <p>Seniors reported that they pay for their health care with Medicare and Medicaid, entitlements (such as free medical care for armed forces veterans), private insurance, such as Blue Cross/Blue Shield and Kaiser Permanente, and out of pocket.</p>
---------	--



	<ul style="list-style-type: none"> <li>• Insurance.</li> <li>• Insurance.</li> <li>• I have Medicaid and Amerigroup.</li> <li>• I have Medicare and Medicaid. If they didn't pay it, I couldn't go to the doctor, because. . .</li> <li>• I go to the Veteran's administration. V.A. hospital.</li> <li>• Well, myself, we're military, so I go the Navy or Walter Reed. But, I went to Adventist for my outpatient therapy. The military and Medicare.</li> <li>• I pay my Medicare out of my pocket. I also have Blue Shield and Blue Cross out of my pocket. My situation is a little different. I consider myself as working but not working.</li> <li>• I'm a member of Keiser Permanente, but I'm also under Medicare Plus. And that's the way my health card reads. They pay a portion of it but the biggest portion comes out of my own check every month.</li> </ul>
French	<p><b>Tell me, how do you pay for health care?</b></p> <p>Most French speakers reported paying out of pocket when seeking medical services.</p> <ul style="list-style-type: none"> <li>• I am not even paying.</li> <li>• Cash/out of pocket (unanimously).</li> </ul>
Spanish	<p><b>Tell me, how do you pay for health care?</b></p> <p>Most Spanish speakers reported paying for out of pocket and with health insurance for their health care, and obtaining free health care from friends who are physicians.</p> <ul style="list-style-type: none"> <li>• Wait for the bill. Because we don't have medical insurance. But if you go as an emergency, yes, they accept you, but if you don't, then they won't take you.</li> <li>• It's the same thing as he said.</li> <li>• And then you have to look for a way to help because one time with a guy at my work, he didn't have a way to pay, and sure, they give you time, but. . .</li> <li>• There are some social workers who can help.</li> <li>• Well, for me, I don't like health care. No, because if you don't have an emergency, and economically, we can't pay for health insurance.</li> <li>• Well, I have a friend that is a doctor, so when I feel bad, I talk to him. Well, since it is a friend, the truth is he doesn't charge me.</li> <li>• I have medical insurance. Yes, I bring my insurance card. I been living here for seven years.</li> <li>• Health insurance? No. Right now, I pay myself. I pay out of pocket as well.</li> <li>• I pay for it bit by bit.</li> <li>• Well, like the majority of Latino immigrants, I don't have health insurance. And I would like to have it, but in this country, I have to pay.</li> <li>• I have to pay for it myself.</li> <li>• I have to pay for it myself.</li> </ul>
Tigrinya	<p><b>Tell me, how do you pay for health care?</b></p> <p>Tigrinya speakers reported paying for their health care with their health insurance and by ignoring medical bills.</p> <ul style="list-style-type: none"> <li>• Three people said that their insurance pays and the rest said that they could not pay and the simply receive the bill but ignore it.</li> <li>• The women said only when we are ready to give birth.</li> <li>• Only three people have insurance.</li> </ul>

Amharic	<p><b>Tell me, how do you pay for health care?</b></p> <p>Amharic speakers reported paying for health care through Medicaid, private health insurance, and out of pocket.</p> <ul style="list-style-type: none"> <li>• There were people who had insurance through their employer, those who paid out of pocket and those who have Medicaid.</li> <li>• There was no one who received free health care.</li> <li>• Health is partly a perception about how healthy you are or about services that are available to you. I have gone to the hospital only once during the past year, but listening about the hospital closing simply shatters my confidence in the health services in this area and I am sure it shatters the confidence of others as well.</li> </ul>
---------	---

### **Do you participate regularly in Prevention/Wellness/Fitness activities?**

Seniors	<p><b>Do you participate regularly in Prevention/Wellness/Fitness activities?</b></p> <p>Seniors reported participating in walking, swimming, and other physical fitness activities on a daily basis.</p> <ul style="list-style-type: none"> <li>• I walk two miles every day. At least.</li> <li>• Here in the Franklin Apartment, they do have exercises every Monday, and I do participate in that. And then at the Takoma Park community center, they have all of them. We do walking exercises.</li> <li>• I go to Martin Luther King twice a week for walking and I am graduating into swimming now because of my condition.</li> <li>• I walk every morning. Every morning I walk. I try to walk ten miles every day. And then I exercise before I go out in the mornings for forty-five minutes.</li> </ul>
French	<p><b>Do you participate regularly in Prevention/Wellness/Fitness activities?</b></p> <p>French speakers reported that they do not regularly participate in prevention/wellness/fitness activities, primarily for lack of time.</p> <ul style="list-style-type: none"> <li>• No I do not because I am just way too tired by the time I get off work and get home.</li> <li>• My daily activities already are somewhat fitness activities.</li> <li>• I belong to a group that provides counseling on HIV/AIDS and also belong to a sub-group of that group that provides counseling on breast cancer.</li> </ul>
Spanish	<p><b>Do you participate regularly in Prevention/Wellness/Fitness activities?</b></p> <p>Spanish speakers reported that they rarely exercise or participate in prevention, wellness, or fitness activities because they do not have the time, but indicated that they would participate in activities if they had easy access to a pool or a recreation center.</p> <ul style="list-style-type: none"> <li>• No.</li> <li>• No.</li> <li>• Last year we participated in a group and the objective of that group was to do exercise, invite the community to eat healthy, and even if it was only once a year, visit a doctor. Unfortunately, we as Latinos were working and we don't have the time, so this year we aren't going to be able to continue this group. But, the people who participated last year got the message. Probably all of them, in their free time, exercise.</li> <li>• Yes, of course. [I would be interested if there were a place where you could do exercise or would have a pool and a recreational center.]</li> </ul>

	<ul style="list-style-type: none"> <li>• Yes.</li> </ul>
Tigrinya	<p><b>Do you participate regularly in Prevention/Wellness/Fitness activities?</b></p> <p>Tigrinya speakers stated that they participate regularly in prevention, wellness, or fitness activities by eating fruits and vegetables, running, walking, and exercising.</p> <ul style="list-style-type: none"> <li>• Most participants said that they eat healthy food such as fruit and vegetables.</li> <li>• Exercise, running, walk</li> <li>• One person said she exercise at home.</li> <li>• One person said she has never exercised.</li> </ul>
Amharic	<p><b>Do you participate regularly in Prevention/Wellness/Fitness activities?</b></p> <p>Amharic speakers stated that they do not generally participate regularly in prevention, wellness, or fitness activities, other than walking, but would be interested in participating if they had easy access to an exercising facility.</p> <ul style="list-style-type: none"> <li>• Most of the participants said that they are not aware of any facility that is available.</li> <li>• Most of the participants said that they take walks.</li> <li>• They stressed that if there was a facility, they would participate.</li> </ul>

### What Prevention/Wellness/Fitness activities do you use?

Seniors	<p><b>What Prevention/Wellness/Fitness activities do you use?</b></p> <p>Seniors reported that they use the exercise room and participate in exercise classes in their building.</p> <ul style="list-style-type: none"> <li>• Well, we have our exercise room in our building. We have two bikes and two treadmills and then they have an exercise class twice a week there.</li> <li>• Yes, I belong to the exercise class.</li> </ul>
French	<p><b>What Prevention/Wellness/Fitness activities do you use?</b></p> <p>French speakers stated that their daily occupations, along with weekly walks, provide them with sufficient physical fitness activities.</p> <ul style="list-style-type: none"> <li>• Our daily activities are actually good, healthy physical activities.</li> <li>• Digging ditches, mowing lawns, uprooting trees, moving furniture.</li> <li>• Weekly walks.</li> </ul>
Spanish	<p><b>What Prevention/Wellness/Fitness activities do you use?</b></p> <p>Spanish speakers reported that their physical fitness activities involve walking and playing basketball.</p> <ul style="list-style-type: none"> <li>• Well, I walk.</li> <li>• I walk a lot and I play basketball</li> </ul>
Tigrinya	<p><b>What Prevention/Wellness/Fitness activities do you use?</b></p> <p>Tigrinya speakers stated that they walk, exercise regularly, and follow exercises provided on television.</p> <ul style="list-style-type: none"> <li>• Two women said that they feel too tired to exercise after working so many hours but they walk.</li> <li>• One participant provided an example of getting an advice from an Ethiopian doctor to focus on exercise rather than getting surgery after her car accident. So, she now exercises regularly.</li> <li>• Two of the women said that they follow television for exercise.</li> </ul>

Amharic	<p><b>What Prevention/Wellness/Fitness activities do you use?</b></p> <p>Amharic speakers indicated that their prevention, wellness, and fitness activities involve watching the food they eat and walking.</p> <ul style="list-style-type: none"> <li>• Some of the participants stressed that they are careful about the food they eat.</li> <li>• Most of the participants said they walk.</li> <li>• There was serious concern about lack of information about the whole health information including wellness/fitness activities. Unfortunately, there is tremendous lack of information in the community about preventive medicine and health education. The government does not disseminate data that have been collected about dangerous food and other relevant information that would have helped the people. The Non profit organization in this area are also very weak to help. It seems that even health services are driven by profit and there is serious weakness in the policy and its implementation.</li> </ul>
---------	---

**When you need a checkup, want advice about a health problem, or get sick or hurt, where do you go?**

Seniors	<p><b>When you need a checkup, want advice about a health problem or get sick or hurt, where do you go?</b></p> <p>When they need a checkup, advice about a health problem, or treatment for an illness or injury, Seniors visit their primary doctor or go to the emergency room.</p> <ul style="list-style-type: none"> <li>• I go to the V.A. and I have a primary care doctor.</li> <li>• Primary care doctor.</li> <li>• Primary care doctor.</li> <li>• Adventist.</li> <li>• Emergency. [In unison.]</li> <li>• But we need to talk about that. The emergency room – [it's] terrible.</li> </ul>
French	<p><b>When you need a checkup, want advice about a health problem or get sick or hurt? Where do you go?</b></p> <p>When they need a checkup, advice about a health problem, or treatment for an illness or injury, French speakers go to the hospital, to La Casa, or get medical assistance from a pharmacist.</p> <ul style="list-style-type: none"> <li>• Hospital.</li> <li>• I go to La Casa; there is a physician that stops by there that I have access to.</li> <li>• I go to a CVS pharmacy and describe my illness to the pharmacist.</li> </ul>
Spanish	<p><b>When you need a checkup, want advice about a health problem or get sick or hurt, where do you go?</b></p> <p>When they need a checkup, advice about a health problem, or treatment for an illness or injury, Spanish speakers purchase over-the-counter medication or remedies, call an ambulance, or go to the mobile clinic.</p> <ul style="list-style-type: none"> <li>• I had an accident at work but I don't have anything, so I just bought what I could.</li> <li>• Well, we as workers and people who are looking for work, if there is an accident, we would call an ambulance because we are friends and that's what we do.</li> <li>• Well, they sent me to the hospital and they did a test and they did a mammography. That is the benefit of being close to a hospital because if you are working with the mobile unit here and are a resident of Takoma Park, it is good to be able to locate the hospital and be</li> </ul>

	<p>able to go to the hospital for care. Yes, there is a mobile clinic where you don't have to have medical insurance. On Wednesdays.</p> <ul style="list-style-type: none"> <li>• That's where I go.</li> <li>• Or I go and buy medicine.</li> <li>• No, we don't go to the hospital because you have to pay!</li> <li>• Because of the cost.</li> <li>• The cost.</li> <li>• [If it's serious,] then you go the hospital.</li> <li>• Then you have to go to the hospital.</li> <li>• To the emergency room.</li> <li>• For me, at least, I can't pay this! I wouldn't go.</li> <li>• I already applied for insurance for my children.</li> </ul>
Tigrinya	<p><b>When you need a checkup, want advice about a health problem or get sick or hurt, where do you go?</b></p> <p>When they need a checkup, advice about a health problem, or treatment for an illness or injury, Tigrinya speakers pray, use holy water or go to a doctor.</p> <ul style="list-style-type: none"> <li>• Surprisingly almost all of them including a very young member of the group said that most of the time they simply pray and spray holy water on themselves. Some said that they do go to a doctor.</li> <li>• It seemed that most of them did not know much about free health services in the area. The real problem is lack of information because there are free clinics and people should be able to use them. While that is a fact in Washington, DC, it is next to impossible to get free health service in Montgomery County, as they check your ID.</li> </ul>
Amharic	<p><b>When you need a checkup, want advice about a health problem or get sick or hurt, where do you go?</b></p> <p>When they need a checkup, advice about a health problem, or treatment for an illness or injury, Amharic speakers go to a doctor.</p> <ul style="list-style-type: none"> <li>• Every one of them said that they would go to a physician.</li> </ul>

### Do you have a primary care provider?

Seniors	<p><b>Do you have a primary care provider?</b></p> <p>Most Seniors indicated that they have a primary care provider.</p> <ul style="list-style-type: none"> <li>• Yes. [Together].</li> <li>• I have a medical doctor.</li> <li>• A physician.</li> <li>• I have a family practitioner.</li> <li>• I have a physician.</li> <li>• No, [I do not use a physician's assistant]. .</li> <li>• Oh, I have a lot of assistants. For my heart, it's a chemo doctor.</li> <li>• Oh, who I go to all the time? I do have a doctor.</li> </ul>
French	<p><b>Do you have a primary care provider?</b></p> <p>All French speakers reported that they do not have a primary care provider:</p> <ul style="list-style-type: none"> <li>• I know a lot of physicians but I do not have a primary care provider</li> </ul>

	<ul style="list-style-type: none"> <li>• Since I am a nurse, I am my own primary care provider</li> <li>• Every time I have questions or concerns, I call a physician in Cameroon.</li> </ul>
Spanish	<p><b>Do you have a primary care provider?</b></p> <p>Most Spanish speakers indicated that they do not have a primary care provider.</p> <ul style="list-style-type: none"> <li>• No.</li> <li>• No.</li> <li>• I have a doctor that treats me.</li> </ul>
Tigrinya	<p><b>Do you have a primary care provider?</b></p> <p>Among Tigrinya speakers, only those with health insurance stated that they have a primary care provider.</p> <ul style="list-style-type: none"> <li>• Only three people who have insurance have a primary provider.</li> </ul>
Amharic	<p><b>Do you have a primary care provider?</b></p> <p>Among Amharic speakers, only those with health insurance stated that they have a primary care provider.</p> <ul style="list-style-type: none"> <li>• Only the three participants who have insurance said that they have a primary care provider.</li> </ul>

**If you could choose a primary care provider, where would you go?**

Seniors	<p><b>If you could choose a primary care provider, where would you go?</b></p> <ul style="list-style-type: none"> <li>• A doctor.</li> <li>• A doctor.</li> </ul>
French	<p><b>If you could choose a primary care provider, where would you go?</b></p> <p>All participants indicated they would choose a physician over any other provider</p> <ul style="list-style-type: none"> <li>• A physician (unanimously).</li> </ul>
Spanish	<p><b>If you could choose a primary care provider, where would you go?</b></p> <ul style="list-style-type: none"> <li>• A doctor.</li> <li>• A doctor.</li> </ul>
Tigrinya	<p><b>If you could choose a primary care provider, where would you go?</b></p> <ul style="list-style-type: none"> <li>• Everyone said that they would prefer to go to a physician.</li> </ul>
Amharic	<p><b>If you could choose a primary care provider, where would you go?</b></p> <ul style="list-style-type: none"> <li>• Every one of the participants said that they would go to a physician.</li> </ul>

**In the last 12 months, not counting emergency-room visits, how many times did you go to a doctor's office or clinic to get health care for yourself?**

Seniors	<p><b>In the last 12 months, not counting emergency-room visits, how many times did you go to a doctor's office or clinic to get health care for yourself?</b></p> <p>Over the past year, Seniors went to a doctor's office or clinic to get care for themselves anywhere from one or two or six times to over two hundred times.</p> <ul style="list-style-type: none"> <li>• A hundred.</li> </ul>
---------	--

	<ul style="list-style-type: none"> <li>• In the last twelve months, I've been to my oncologist for a series of six visits and that's Monday through Saturday, and the last care that I had was on a six-week basis with the same oncologist coming off of radiation and that was in April.</li> <li>• I'd say that I've probably been to the doctor about fifteen times in the course of a year. About fifteen times. But I go to podiatry, I go to dermatology, I go to the eye clinic, and...</li> <li>• It's been six months since I've been to the doctor.</li> <li>• No, I haven't been and I'm due back in six months, in July.</li> <li>• I'm still going. I've gone three times so far and I've got two more times.</li> <li>• Oh, in the last twelve months? I couldn't even count. Oh my god. I couldn't even count. I'm always at the doctor. Especially with my heart. Not 365 times, but, you know, a lot. More than twelve.</li> <li>• I go to my primary physician probably twelve times a year, but most of those are follow-ups. I go to my cardiologist about half that much, about six times per year. Those are my only regular visits.</li> </ul>
French	<p><b>In the last 12 months, not counting emergency-room visits, how many times did you go to a doctor's office or clinic to get health care for yourself?</b></p> <p>Over the past year, French speakers went to a doctor's office or clinic to get care for themselves about zero, four, eight, or twenty times.</p> <ul style="list-style-type: none"> <li>• Never.</li> <li>• I went to a doctor's office at least 4 times, but not in the U.S.</li> <li>• I went about 8 times.</li> <li>• I went over 20 times.</li> </ul>
Spanish	<p><b>In the last 12 months, not counting emergency-room visits, how many times did you go to a doctor's office or clinic to get health care for yourself?</b></p> <p>Over the past year, Spanish speakers rarely went to a doctor's office or clinic to get care for themselves. Those who did visit a doctor's office or clinic did so about one to three times.</p> <ul style="list-style-type: none"> <li>• One time.</li> <li>• Not once.</li> <li>• To a doctor? For a sickness, or? No.</li> <li>• No, I haven't gone.</li> <li>• I've gone three times.</li> <li>• I haven't gone.</li> <li>• No.</li> <li>• Well, when I went to the hospital, they sent me over there to the mobile where I got the mammography.</li> </ul>
Tigrinya	<p><b>In the last 12 months, not counting emergency-room visits, how many times did you go to a doctor's office or clinic to get health care for yourself?</b></p> <p>Over the past year, some Tigrinya speakers did not visit a doctor's office or clinic at all. Those who did visit a doctor's office or clinic did so between two and seven times.</p> <ul style="list-style-type: none"> <li>• Four participants said that they have not been to a doctor during the past twelve months.</li> <li>• One person said several times as she has young children.</li> <li>• All others said between two and seven times.</li> <li>• A woman trying to make a point how difficult it is to get health care without insurance said "I guess I am lucky because I give birth once a year and that guarantees me to get a good health services; but how long can one keep giving birth to child?"</li> </ul>

Amharic	<p><b>In the last 12 months, not counting emergency-room visits, how many times did you go to a doctor's office or clinic to get health care for yourself?</b></p> <p>Question was not asked.</p>
---------	---

## Issue B: Takoma Park Facilities and Issues

**If you could decide what facilities/health services should be included in the City of Takoma Park, what would they be and why?**

Seniors	<p><b>If you could decide what facilities/health services should be included in the City of Takoma Park, what would they be and why?</b></p> <p>Seniors indicated that, if they could decide what facilities/health services should be included in the City of Takoma Park, they would select an urgent care facility.</p> <ul style="list-style-type: none"> <li>• Urgent care.</li> </ul>
French	<p><b>If you could decide what facilities/health services should be included in the City of Takoma Park, what would they be and why?</b></p> <p>French speakers indicated that, if they could decide what facilities/health services should be included in the City of Takoma Park, they would select free basic healthcare services and periodic free health screening for undocumented immigrants.</p> <ul style="list-style-type: none"> <li>• Free basic healthcare services such as blood works and x-rays.</li> <li>• Free check-up campaigns for undocumented immigrants.</li> </ul>
Spanish	<p><b>If you could decide what facilities/health services should be included in the City of Takoma Park, what would they be and why?</b></p> <p>Spanish speakers indicated that, if they could decide what facilities/health services should be included in the City of Takoma Park, they would select a community clinic, a prevention program, a cancer screening program, and a dental care program.</p> <ul style="list-style-type: none"> <li>• Community clinics.</li> <li>• Prevention programs.</li> <li>• Like what the woman was saying, exams to prevent diseases.</li> <li>• It would be excellent if they had it to have exams.</li> <li>• Yes, a mammography. Because as a woman, there are so many diseases that can affect you, so it would be excellent if there were a clinic with doctors.</li> <li>• Yes. And for those that are losing their vision, something to help them.</li> <li>• Well, really, there are so many different types of cancer for women and for men as well, and there is one thing that is fundamental is dental care. And what I have seen here is that there is not treatment.</li> </ul>
Tigrinya	<p><b>If you could decide what facilities/health services should be included in the City of Takoma Park, what would they be and why?</b></p> <p>Tigrinya speakers indicated that, if they could decide what facilities/health services should be included in the City of Takoma Park, they would select a community clinic or hospital.</p> <ul style="list-style-type: none"> <li>• Every person said health Services/hospital. They indicated that health services have to expand.</li> </ul>
Amharic	<p><b>If you could decide what facilities/health services should be included in the City of</b></p>



	<p><b>Takoma Park, what would they be and why?</b></p> <p>Amharic speakers indicated that, if they could decide what facilities/health services should be included in the City of Takoma Park, they would select a. health information center and a holistic preventive medicine program.</p> <ul style="list-style-type: none"> <li>• There was a consensus that the participants would love to see a facility to include: health information center and holistic preventive medicine.</li> </ul>
--	--

**What would be the three most important health issues for you as residents of the City of Takoma Park and why?**

Seniors	<p><b>What would be the three most important health issues for you as residents of the City of Takoma Park and why?</b></p> <p>Question not asked.</p>
French	<p><b>What would be the three most important health issues for you as residents of the City of Takoma Park and why?</b></p> <p>French speakers believe that the three most important health issues in the City of Takoma Park include: obesity, stress, cancer, hypertension, diabetes, migraine headaches, ulcers, diabetes, tuberculosis, cancer, HIV/AIDS, and arthritis.</p> <ul style="list-style-type: none"> <li>• Obesity, stress, and cancer.</li> <li>• Hypertension, diabetes, migraines/headaches.</li> <li>• Obesity, hypertension, HIV/AIDS.</li> <li>• Ulcers, constipations, headaches.</li> <li>• Diabetes, tuberculosis, cancer.</li> <li>• Cancer and stress.</li> <li>• Stress, diabetes and HIV/AIDS.</li> <li>• Arthritis, HIV/AIDS, tuberculosis.</li> <li>• Hypertension, HIV/AIDS, tuberculosis.</li> <li>• Back problems, HIV/AIDS, stress.</li> <li>• Diabetes and hypertension.</li> <li>• Cancer, diabetes and stress.</li> <li>• Diabetes and obesity usually go hand in hand because the poor food quality, stress, HIV/AIDS.</li> <li>• I do not mean to insult anybody, but that problem [alcoholism and domestic violence] mostly affects the Hispanic population. They are the ones who drink a lot in Takoma Park.</li> </ul>
Spanish	<p><b>What would be the tree most important health issues for you as residents of the City of Takoma Park and why?</b></p> <p>Spanish speakers believe that the three most important health issues in the City of Takoma Park include: cancer screening and prevention, diabetes, vision, prostate cancer, regular checkups, and high blood pressure.</p> <ul style="list-style-type: none"> <li>• For me, it would be very good to have prevention for cancer before it becomes advanced.</li> <li>• Diabetes.</li> <li>• Vision.</li> <li>• For men, prostate cancer! More than vision. . .</li> <li>• Prostate cancer.</li> <li>• For many of us, we would like for them to pay for us to have general exams, blood exams, so that they tell us everything. How our cholesterol is, because we don't know.</li> </ul>

	<ul style="list-style-type: none"> <li>• A general checkup.</li> <li>• For women, checks for cancer, and for men, prostate cancer and colon cancer.</li> <li>• Yes.</li> <li>• Well, for me, a mammogram.</li> <li>• For the prostate.</li> <li>• The prostate.</li> <li>• For diabetes and cholesterol.</li> <li>• And also, high blood pressure. And because of our financial situation, the stress – that affects us a lot.</li> <li>• Things are really expensive.</li> </ul>
Tigrinya	<p><b>What would be the three most important health issues for you as residents of the City of Takoma Park and why?</b></p> <p>Tigrinya speakers believe that the three most important health issues in the City of Takoma Park are: and exercise facility, gang control and violence prevention, and a community center for education and outreach.</p> <ul style="list-style-type: none"> <li>• Exercise facility</li> <li>• Safety connected to gangs and other violence</li> <li>• Community Center that would provide education and outreach</li> </ul>
Amharic	<p><b>What would be the three most important health issues for you as residents of the City of Takoma Park and why?</b></p> <p>Amharic speakers believe that the three most important health issues in the City of Takoma Park are: Information/Outreach/education, Medical Check ups, and emergency services.</p> <ul style="list-style-type: none"> <li>• Information/outreach education</li> <li>• Medical check ups</li> <li>• Emergency services</li> <li>• One of the main reasons that I chose to live in Takoma Park was the proximity of the health services center, namely the Adventist Hospital in my neighborhood. I can simply walk there if there is any need.</li> </ul>

**In the last 12 months have you gotten health care OUTSIDE Takoma Park?**

Seniors	<p><b>In the last 12 months have you gotten health care OUTSIDE Takoma Park?</b></p> <p>Not asked.</p>
French	<p><b>In the last 12 months have you gotten health care OUTSIDE Takoma Park?</b></p> <p>In the past 12 months, French speakers have sought and obtained health care services outside Takoma Park – specifically, in Canada, Cameroon, and Boston.</p> <p>Only a few participants reported getting care outside of Takoma Park</p> <ul style="list-style-type: none"> <li>• Yes, in Canada, and the services were splendid; I highly recommend it to everyone.</li> <li>• In Cameroon.</li> <li>• In Boston.</li> </ul>
Spanish	<p><b>In the last 12 months have you gotten health care OUTSIDE Takoma Park?</b></p> <p>In the past 12 months, Spanish speakers have neither sought not obtained care outside Takoma Park.</p> <ul style="list-style-type: none"> <li>• No.</li> </ul>

Tigrinya	<p><b>In the last 12 months have you gotten health care OUTSIDE Takoma Park?</b></p> <p>In the past 12 months, only one Tigrinya speaker reported having sought and obtained health care services outside Takoma Park – she was referred to a specialist.</p> <ul style="list-style-type: none"> <li>• One participant got health care outside of Tacoma Park because her doctor sent her to a specialist.</li> <li>• All participants indicated how good the Washington Adventist Hospital is, because of their compassion.</li> </ul>
Amharic	<p><b>In the last 12 months have you gotten health care OUTSIDE Takoma Park?</b></p> <p>In the past 12 months, only two Amharic speakers reported having sought and obtained health care services outside Takoma Park – one as a result of a doctor's referral and the other because of health insurance.</p> <ul style="list-style-type: none"> <li>• Only two of the participants have gotten health care outside Takoma Park – one because of doctor referrals and the other because of health insurance.</li> </ul>

## Issue C: Where you go for health care

### What hospital do you use for non-emergency care?

Seniors	<b>What hospital do you use for non-emergency care?</b> Question not asked.
French	<b>What hospital do you use for non-emergency care?</b> All but one of the French speakers reported getting their non-emergency care from the Washington Adventist Hospital. <ul style="list-style-type: none"> <li>• Washington Adventist Hospital.</li> <li>• I go to D.C. – the Washington Hospital Center.</li> </ul>
Spanish	<b>What hospital do you use for non-emergency care?</b> Spanish speakers reported that they do not use doctors for non-emergency care. <ul style="list-style-type: none"> <li>• Ok. You have already said that you don't use doctors</li> </ul>
Tigrinya	<b>What hospital do you use for non-emergency care?</b> All Tigrinya speakers reported getting their non-emergency care from the Washington Adventist Hospital. <ul style="list-style-type: none"> <li>• Every one of the participants said that they go to the Washington Adventist Hospital.</li> </ul>
Amharic	<b>What hospital do you use for non-emergency care?</b> <ul style="list-style-type: none"> <li>• Except for two participants, who reported receiving care at health services at Holy Cross and Howard Hospital., all of the Amharic speaking participants said that they use the Washington Adventist Hospital for non-emergency care.</li> </ul>

### For those of you who mentioned Washington Adventist Hospital, within the past year, which types of services did you or members of your immediate family receive?

Seniors	<b>For those of you who mentioned Washington Adventist Hospital, within the past year, which types of services did you or members of your immediate family receive?</b> <ul style="list-style-type: none"> <li>• Not asked.</li> </ul>
French	<b>For those of you who mentioned Washington Adventist Hospital, within the past year, which types of services did you or members of your immediate family receive?</b> <ul style="list-style-type: none"> <li>• Not asked.</li> </ul>
Spanish	<b>For those of you who mentioned Washington Adventist Hospital, in the last year, what type of services did you or members of your family receive?</b> Spanish speakers who received services from Washington Adventist Hospital reported receiving a mammogram and “good treatment.” . <ul style="list-style-type: none"> <li>• A mammogram.</li> <li>• A friend of mine went there and they treated him well.</li> </ul>
Tigrinya	<b>For those of you who mentioned Washington Adventist Hospital, within the past year, which types of services did you or members of your immediate family received?</b> Tigrinya speakers who received services from Washington Adventist Hospital reported receiving general health care, pre-natal care, pediatric care, a mammogram, blood work, and

	<p>physical therapy.</p> <ul style="list-style-type: none"> <li>• Her husband was very sick</li> <li>• Pregnancy</li> <li>• Children</li> <li>• Mammogram</li> <li>• Blood work</li> <li>• Therapy because of car accident</li> </ul>
Amharic	<p><b>For those of you who mentioned Washington Adventist Hospital, within the past year, which types of services did you or members of your immediate family received?</b></p> <p>Tigrinya speakers who received services from Washington Adventist Hospital reported receiving a general checkup.</p> <ul style="list-style-type: none"> <li>• For general check up</li> </ul>

**For those of you who mentioned a facility OTHER THAN Washington Adventist Hospital, what type of services did you or members of your immediate family receive?**

Seniors	<p><b>For those of you who mentioned a facility OTHER THAN Washington Adventist Hospital, what type of services did you or members of your immediate family receive?</b></p> <ul style="list-style-type: none"> <li>• Not asked.</li> </ul>
French	<p><b>For those of you who mentioned a facility OTHER THAN Washington Adventist Hospital, what type of services did you or members of your immediate family receive?</b></p> <ul style="list-style-type: none"> <li>• Not asked.</li> </ul>
Spanish	<p><b>For those of you who mentioned a facility OTHER THAN Washington Adventist Hospital, what type of services did you or members of your immediate family receive?</b></p> <ul style="list-style-type: none"> <li>• Not asked.</li> </ul>
Tigrinya	<p><b>For those of you who mentioned a facility OTHER THAN Washington Adventist Hospital, what type of services did you or members of your immediate family receive?</b></p> <p>Tigrinya speakers who received services from a facility other than Washington Adventist Hospital reported receiving x-ray, MRI, and blood work services at Holy Cross.</p> <ul style="list-style-type: none"> <li>• At Holy Cross for x-ray MRI and blood work</li> </ul>
Amharic	<p><b>For those of you who mentioned a facility OTHER THAN Washington Adventist Hospital, what type of services did you or members of your immediate family receive?</b></p> <p>Tigrinya speakers who received services from a facility other than Washington Adventist Hospital reported receiving physical therapy at that other facility.</p> <ul style="list-style-type: none"> <li>• Physical therapy</li> </ul>

**Washington Adventist Hospital plans to relocate outside of Takoma Park. If you get your health care at WAH, what will you do?**

Seniors	<p><b>The Washington Adventist Hospital plans to relocate outside of Takoma Park. If you get your health care at Washington Adventist Hospital, what will you do?</b></p> <p>Several Seniors who get their health care at Washington Adventist Hospital indicated that they would continue going to WAH after it relocates in order to maintain continuity of treatment and familiar doctors. Other Seniors indicated that, in emergencies, they would try to go to</p>
---------	---

	<p>WAH, but would go wherever the ambulance takes them, and in non-emergencies, would go to closer venues, such as Holy Cross.</p> <ul style="list-style-type: none"> <li>• Well, we don't know what we will do.</li> <li>• I would follow it. Yes, I would go there.</li> <li>• If it's an emergency, then they are going to take you to Holy Cross.</li> <li>• If it's an emergency, like I said, then they will take you to Holy Cross. Who will take you? The ambulance. If it's non-emergency, then you would either find transportation to Adventist, or you would have to get yourself a new set of doctors. No, it wouldn't be for me, but I'm thinking about other people. But you would have to get the rides and the cab coupons and all of those types of things. But, you could do it.</li> <li>• I agree with Caroline. If there's an emergency, the closest hospital would be Holy Cross. I know right now where Holy Cross is, and if I had to drive, I would go straight to Holy Cross because I don't know how to get to [Route] 29 or whatever. Now, in an ambulance, that's a different thing. I would want them to take me to Washington Adventist.</li> <li>• No, I wouldn't. I would take the chance of going to the hospital where I'm treated and the doctors that know me. If I have heart trouble and I go to Holy Cross, they don't know anything about me at Holy Cross, so if I'm not dying, I would rather they route me at Adventist. It's going to be out 29, so it's a straight shot. You know, from here you just go through the park and hit it on 29.</li> <li>• If I were driving, I know where Holy Cross is. I don't know where they are moving to. If I knew and could get there and I'm driving, then I would go. But in the ambulance, I would want to go to Washington.</li> <li>• Number one is, what is the reason or reasons that Washington Adventist wants to move?</li> <li>• The reason was that they were out of space and they didn't have any more room to build and everyone in the neighborhood was against them putting up any more parking garages, so they needed more facilities, so they decided that the only way to do it was to rebuild it in a new location.</li> <li>• I think part of the problem is, what doctors are going to move with it to the new location? And whether or not you want to continue – but maybe, if you have other doctors....</li> </ul>
French	<p><b>Washington Adventist Hospital plans to relocate outside of Takoma Park. If you get your health care at WAH, what will you do?</b></p> <p>Some of the French speakers who get their health care at Washington Adventist Hospital indicated that they would probably continue to use WAH services if the hospital provides shuttle services. Others indicated that they would use other facilities, such as Holy Cross.</p> <ul style="list-style-type: none"> <li>• I will probably go to La Casa.</li> <li>• I just don't want the Hospital to relocate at all.</li> <li>• I will simply die.</li> <li>• Yes, [I would continue to use Washington Adventist if the hospital provides shuttle service from this location].</li> <li>• I think that would be great because, like I said previously, I'm new in this area and I only go where I know how to get back. If the hospital moves and they have a shuttle, I would get in it and go.</li> <li>• Because I have only been in this area only one year, if an emergency and the EMT comes, take me wherever. If it's not an emergency, then I will go to my doctor in DC and he would tell me where to go to, which would be in DC.</li> <li>• I would go to Washington Hospital where I had my heart attack. I would because my heart doctor is there.</li> </ul>

	<ul style="list-style-type: none"> <li>• I go to Veteran's.</li> <li>• If there was something else in the area, if there were an emergency, I would go to the nearest place.</li> <li>• If you go to the emergency room there and they're going to treat you and you'll lay there like I did for eight and a half hours I could call an ambulance from Annapolis to come pick me up and take me to Holy Cross because . . .</li> <li>• I would continue to use the same hospital.</li> <li>• Well, you have to go to the hospital where your doctor is on staff. So, I would follow my doctors because there are probably going to be doctors that I knew at Adventist Hospital for most things.</li> <li>• What I would like to add is that it's very, very important, whenever, to keep the same physician because they know your condition particularly as a primary care. I've had my primary care doctor since 1993 and he is the one who has gotten everything together with all of the doctors that I've had, and he's the one who has tried to keep things coordinated, so I would not want to have to ever switch.</li> <li>• I've been with my primary doctor for about fourteen or fifteen years, so he knows my in and outs and, like she said, he's referred me to all of the doctors that I have. But, if this were to happen, I know my cardiology doctor, he works out of Shady Grove and he lives on Connecticut Avenue so I'm not looking for him to go out on 29. But he has a team of doctors as well, so I would take another doctor from the cardiologist. On the team.</li> </ul>
Spanish	<p><b>Washington Adventist Hospital plans to relocate outside of Takoma Park. If you get your health care at WAH, what will you do?</b></p> <p>Spanish speakers indicated that, if WAH relocates, they would probably go to DC or Prince George's County for health care services.</p> <ul style="list-style-type: none"> <li>• To DC.</li> <li>• Prince George's.</li> <li>• It depends. Well, if they send us far, that would be more expensive and would be further for transportation.</li> <li>• If there is an emergency. . .</li> <li>• Well, it's different because they give you transportation but if it's an emergency, they aren't going to take you to the furthest one; they are going to take you to the closest one.</li> <li>• If the problem is really serious, I would walk.</li> </ul>
Tigrinya	<p><b>Washington Adventist Hospital plans to relocate outside of Takoma Park. If you get your health care at WAH, what will you do?</b></p> <p>All Tigrinya speakers indicated that they would continue to use Washington Adventist Hospital's services.</p> <ul style="list-style-type: none"> <li>• Every person said that if Adventist hospital provides shuttle services, they would continue to use it. Each person was very clear about his or her wish that the hospital does not move.</li> </ul>
Amharic	<p><b>Washington Adventist Hospital plans to relocate outside of Takoma Park. If you get your health care at WAH, what will you do?</b></p> <p>All Amharic speakers indicated that they would continue to use Washington Adventist Hospital's services if WAH provides shuttle services to its new facility from its current location.</p> <ul style="list-style-type: none"> <li>• Almost all said that they would like to continue to use Washington Adventist if the hospital provides shuttle service from its current location.</li> </ul>

**If Washington Adventist Hospital relocates elsewhere, how would you like to see the Takoma Park campus and facilities of Washington Adventist Hospital utilized?**

Seniors	<p><b>If Washington Adventist Hospital relocates elsewhere, how would you like to see the Takoma Park campus and facilities of Washington Adventist Hospital utilized?</b></p> <p>Seniors indicated that they would like to see the Washington Adventist Hospital campus and facilities used as an urgent care facility, an outpatient care facility, a clinic, a health care facility for the uninsured, a health care facility that has a good pharmacy, and/or a Fitness / Prevention / Wellness / Lifestyle facility.</p> <ul style="list-style-type: none"> <li>• Urgent care.</li> <li>• It's really important for them to have a pretty comprehensive urgent care facility on that block because I had to go to Germantown, then I had to go to Rockville, and I would feel comfortable if, instead of the doctor sending me to Germantown, I could just go right up the street there.</li> <li>• I would have gone because if some doctor from around here, Ok, they told me one time that they wanted me to go to Greenbelt for a colonoscopy. I asked them why. I live here, why do I have to go to Greenbelt? You do it in the hospital, and I want to have it done in the hospital. That's how I feel. You have to learn how to talk to your doctors because they will send you all over.</li> <li>• [We would like the space to be used as urgent care] Yes. [Resounding yes].</li> <li>• [Or outpatient care.] Yes. [Resounding yes].</li> <li>• I was going to say, a comment or a question for whoever knows . . . Is it possible if they do move and if the building is still there, would they be able to take that facility as it is and use it or turn it into, the same way how they did with DC General, DC General is still there, but they use it for, I guess for outpatient or a clinic. Well, that's my opinion. I think that that would be the best. I would like to see the hospital, the facilities. Now, they can change it around as far as whatever services or acute care in the same way as DC General, I think that that would still serve the public.</li> <li>• There's a growing population of people that are uninsured and that need emergency care for their health care. If they could set up like a family care for those people that have no insurance and somehow find funds to support that, because that's a real problem.</li> <li>• Holy Cross Hospital has a clinic down in Silver Springs at Montgomery College on Georgia Avenue and that's for uninsured people. They could do the same thing for Washington Adventist. They could just downsize and have outpatient clinics.</li> <li>• I think there should be a really good pharmacy. A pharmacy that carries medicines that you need and that is conveniently located.</li> <li>• I would like it [if that space were used for a Fitness/Prevention/Wellness/Lifestyle facility].</li> <li>• It's enough space to use it for that.</li> <li>• I would feel good [if it were used for that].</li> <li>• Yes. [Altogether – they would like to see it used for that].</li> <li>• No, [I would not like it if this space were used for offices or non-profit organizations]. No!! No. Not at all.</li> <li>• There are too many right now.</li> <li>• It's too much.</li> <li>• I think that non-profit organizations do a lot of good things and they need space to operate and if they could get low rent, that would be very good.</li> </ul>
---------	---



	<ul style="list-style-type: none"> <li>• No [it should not be used for offices or businesses].</li> <li>• Oh, no. Because I don't think that a college campus, and that's really what it is, is good for business transactions.</li> <li>• Recreation would be good.</li> <li>• No.</li> <li>• If it's not going to be used for outpatient, emergency care, no.</li> <li>• Right.</li> <li>• No [we would not like to have a school].</li> <li>• No.</li> <li>• I don't think we need a school there. I myself think that the school there should have been what moved to build a larger part for the hospital. I just wonder why. I understand that once the hospital is moved, that they want to expand the school. I don't know why. That's what I heard.</li> <li>• No, [we would not like to have retail or commercial use].</li> <li>• No, no.</li> </ul>
French	<p><b>If Washington Adventist Hospital relocates elsewhere, how would you like to see the Takoma Park campus and facilities of Washington Adventist Hospital utilized?</b></p> <p>French speakers indicated that they would like to see the Washington Adventist Hospital campus and facilities used as a school, a retirement home, and/or low-income apartments.</p> <ul style="list-style-type: none"> <li>• I have no answer to that question.</li> <li>• If the Hospital must go, I would much rather see the facilities turned into a school.</li> <li>• Why not turn the facilities into a retirement home.</li> <li>• Low-income apartments.</li> </ul>
Spanish	<p><b>If Washington Adventist Hospital relocates elsewhere, how would you like to see the Takoma Park campus and facilities of Washington Adventist Hospital utilized?</b></p> <p>Spanish speakers indicated that they would like to see the Washington Adventist Hospital campus and facilities used as a health care center for low-income people, a community clinic, an emergency/urgent care facility, and other low cost public uses.</p> <ul style="list-style-type: none"> <li>• Put another health care center.</li> <li>• For people with low incomes.</li> <li>• A health center for people with low incomes.</li> <li>• Yes, it definitely has to be something related to health prevention. Definitely.</li> <li>• A clinic.</li> <li>• A community clinic! [In unison].</li> <li>• Low-income.</li> </ul> <p><i>What if they said, well, we are going to use this space for an emergency/urgent care facility?</i></p> <ul style="list-style-type: none"> <li>• That would be good.</li> <li>• Yes, because that's the idea, that in the case of an emergency, you don't have time to get very far.</li> <li>• We need something there that will give us medical care, like a clinic.</li> </ul> <p><i>What do you think if they used this space for a prevention program, a recreational center, something like that?</i></p> <ul style="list-style-type: none"> <li>• If you don't have to pay! [Laughter].</li> </ul> <p><i>What about using the space for doctor's offices?</i></p> <ul style="list-style-type: none"> <li>• But the cost!</li> <li>• You have to pay.</li> </ul>

	<p><i>M: What about for non-profit organizations?</i></p> <ul style="list-style-type: none"> <li>• Yes.</li> <li>• Yes.</li> <li>• Well, non-profit. That's the key phrase. So it would be a help, to improve things, one would assume.</li> </ul> <p><i>M: What about for offices for businesses?</i></p> <ul style="list-style-type: none"> <li>• No!!</li> <li>• No.</li> <li>• Because there aren't jobs. . .</li> </ul> <p><i>What about for a park, athletic center, or recreational facility? What about a school?</i></p> <ul style="list-style-type: none"> <li>• No.</li> <li>• There is a school.</li> </ul> <p><i>M: What about for retail or commercial stores?</i></p> <ul style="list-style-type: none"> <li>• No!</li> <li>• No.</li> <li>• Because . . . you can't change your health for material things.</li> </ul>
Tigrinya	<p><b>If Washington Adventist Hospital relocates elsewhere, how would you like to see the Takoma Park campus and facilities of Washington Adventist Hospital utilized?</b></p> <p>Tigrinya speakers indicated that they would like to see the Washington Adventist Hospital campus and facilities used as an emergency/urgent care facility and/or another hospital.</p> <ul style="list-style-type: none"> <li>• Emergency/Urgent Care providers</li> <li>• Hospital</li> <li>• We have all the business type institutions in this area. The one service that is so critical and most needed is health service; why are we even discussing other options. What we need is health services in Tacoma Park.</li> </ul>
Amharic	<p><b>If Washington Adventist Hospital relocates elsewhere, how would you like to see the Takoma Park campus and facilities of Washington Adventist Hospital utilized?</b></p> <p>Amharic speakers indicated that they would like to see the Washington Adventist Hospital campus and facilities used as another hospital and/or an emergency/urgent care facility.</p> <ul style="list-style-type: none"> <li>• The participants were very clear about not wanting the hospital to move.</li> <li>• If it must move though, they would prefer to have either a hospital, an emergency/urgent care facility.</li> </ul>

**If directors of the WAH and members of Takoma park 's city council were present, what would you like to tell them about French speaking African community of Takoma Park and the Washington Adventist Hospital?**

Seniors	Not asked.
French	<p><b>If directors of the WAH and members of Takoma park 's city council were present, what would you like to tell them about French speaking African community of Takoma Park and the Washington Adventist Hospital?</b></p> <p>Most French speakers expressed their wish to see the hospital directors and the members of the city council reach out to disadvantaged populations and offer affordable care.</p> <ul style="list-style-type: none"> <li>• "I'd tell them we are a forgotten and destitute community, and I would like for them to</li> </ul>

	<p>reach out to us and offer us quality healthcare at an affordable cost”</p> <ul style="list-style-type: none"> <li>Most participants had no suggestions about unmet healthcare needs in or around Takoma Park. However, one participant suggested the expansion of physicians under La Casa’s network while another mentioned that free healthcare services similar from the ones offered in the District of Columbia would have stopped her from moving out of Takoma Park. “I’d like for them to offer free medical services to the Takoma Park low income population</li> </ul>
Spanish	Not asked.
Amharic	Not asked.
Tigrinya	Not asked.

#### Issue D: Closing

**Do you have any additional comments or suggestions about unmet health care needs in this area for Takoma Park residents?**

Seniors	<p><b>Closing Comments</b></p> <p>In closing, Seniors emphasized their need for a good pharmacy and their need for affordable prescription drugs.</p> <ul style="list-style-type: none"> <li>I would say that there is one exception to doing business there and that is the pharmacy.</li> <li>Yes, we need a pharmacy.</li> <li>We have a pharmacy, yes. In the hospital.</li> <li>Yes, on the first floor.</li> <li>My final comment isn’t about health care, but it is about prescription drugs. We need to try to do something to make drugs that people need more affordable. For half of the year, I pay almost \$600 out of pocket for my medicine.</li> </ul>
French	<p><b>Closing Comments</b></p> <p>In closing, French speakers indicated that they would like to see Takoma Park improve its immunizations and healthcare services related to back pain issues, and their interest in obtaining free health care.</p> <ul style="list-style-type: none"> <li>I feel that the City of Takoma Park can improve in the domain of immunization.</li> <li>A friend of mine experienced a situation in the past when a physician he was referred to was not on La Casa’s provider network, so he ended up having to go and get cared for in Washington D.C.</li> <li>I’m in the process of moving out of Takoma Park for Washington D.C. where I will be entitled to free healthcare, which Takoma Park does not offer.</li> <li>I would like to see more healthcare services related to back pain issues.</li> </ul>
Spanish	<p><b>Closing Comments</b></p> <p>In closing, Spanish speakers emphasized their interest in seeing a clinic for low-income people.</p> <ul style="list-style-type: none"> <li>Well, as I was saying, it would be best if it were a clinic for low-income people that is close.</li> <li>And it has to be for low-income people because there are people...</li> <li>I would say that it should be a clinic.</li> <li>Really, health is extremely important for all human beings. It will really be a shame if they move that hospital. If there is an alternative as a health center . . . There are always health centers but if it were one for low-income, and that everyone would have access. . .</li> </ul>

	<ul style="list-style-type: none"> <li>• And we have said here that we don't use the hospital a lot because of the cost. So we have to have the assurance that in the case of an emergency, that we have an option. It would really be best if it were a community clinic.</li> <li>• Like she said, a clinic, but where we wouldn't have to pay. And for everything, for vision and for everything. And that we would have close to us, because if it is further away. . .</li> <li>• I think that if we had the opportunity to say, that with such a large Hispanic community, there really is a need for a hospital.</li> <li>• And also, it could be more expensive and there has to be something because we don't want to have to move.</li> </ul>
Tigrinya	<p><b>Closing Comments</b></p> <p>In closing, Tigrinya speakers indicated that the Takoma Park city government should provide city residents with adequate notice of when the hospitals move will take place.</p> <ul style="list-style-type: none"> <li>• If and when the final decision of the closing of the hospital is made, Tacoma Park's City government has a responsibility to inform and prepare the residents early rather than a last minute announcement. They should probably call another meeting on these issues soon.</li> <li>• They should not let the hospital simply move without providing adequate information. This is important for those people who have serious medical problems who need a hospital close to their residence.</li> </ul>
Amharic	<p><b>Closing Comments</b></p> <p>In closing, Amharic speakers emphasized their interest in seeing the space continue to be utilized as a health facility.</p> <ul style="list-style-type: none"> <li>• The participants made it very clear that health services are human right issues and they said that with the hospital moving they are afraid that this right is being jeopardized. They said that they would like to insist on the space to be used for health services.</li> </ul>

## Attachment 13 – Focus Group Discussion Transcripts

### Note:

Full transcripts of focus group sessions were prepared for the Seniors Group and the first Spanish Speaking Group only. Full transcripts were not prepared for the Amharic, French, and Tigrinya Speaking Groups, nor for the second Spanish Speaking Group, because of cost considerations. Instead, topline reports were prepared by the focus group moderators.

Focus Group with Senior Citizens – Full Transcript  
Franklin Apartments  
Takoma Park, MD  
Friday, May 9, 2008

FOCUS GROUP DISCUSSION TRANSCRIPT

**Key:**

**M = Moderator**

**R = Participant (s)**

**M:** Thanks for coming. Well, have you ever participated in a focus group before?

**R:** No.

**M:** You have? Well, as you may know, we are here to hear from you about your opinions. You already filled out a survey that will give us some numbers but this piece is very important because we get to hear your opinions. Now, there are some guidelines about focus groups that we need to follow. One of the things is that, as you can tell, I am audio-taping. Why? Because I am interested in writing a report precisely of what was said but not who said it. So what each one of you say is important to us, but I want to emphasize that your name will not be in the report. There is confidentiality in this. In the surveys filled out, you were given a number – your name was not written. So, it's the same thing. As we talk today informally, your opinions will not be associated with your name. The reason that I'm audio-taping is because we need to transcribe the tape and I need to analyze the data and write a report. So that is why we are taping. And so, today, this is a free-flowing discussion, but, of course, I need you – please, because we are recording – to keep your voice as loud as mine and if I raise my hands like this, it means to please raise your voice. Also, this is not a test. There are no right or wrong answers. All of them are welcome. One important thing is that when someone talks, do not interrupt, and let that person talk. Also, let's try to have each of you talk. Nobody talks too much and nobody talks too little. Also, one other important thing is that we are not here to come to an agreement or a consensus. This isn't a political meeting. This is about your opinions. This is very important because, as you might know, the reason that we are here is that the Washington Adventist Hospital might be relocating out of the city of Takoma Park and you are very important, very important residents of Takoma Park because you are the senior citizens of Takoma Park. So it's very important to collect your opinions and yes, I was told to invite you. So, at some points, you are going to have some different points of view, and that's ok. At another point, I will have to cut you off and I'm not trying to cut you off but it's so that we can move forward and so that we can finish. I know you need to have your lunch and get your compensation. Now, you have to attend the entire group in order to get your compensation. So, why don't we get to know each other? Let's start with a volunteer. Please tell me your name and what you do for fun. A volunteer?

**R:** I'm [name]. I help with the New Franklin Apartments and I'm also on the Takoma Park Community Action Group with [name]. He's there. I'm the co- . . . I'm the vice president of the Takoma Park Community Action Group.

**M: Ok. [Name], thank you for coming. Why don't we start with [name]? Tell us your first name because we are recording, so for confidentiality issues, your first name and what you like to do in your free time.**

R: Yes, my name is [name] and one of the things that I like to do is work for good causes and peace and justice and in my free time, I like to read.

**M: Thank you for coming, [name]. Ms. [name]?**

R: My name is [name] and I consider myself to be an activist for senior causes and that's the way I spend my spare time.

R: Hi. My name is [name]. Most of my free time is spent reading. Also, I'm making a transition from film to digital photography right now, so I spend a lot of time on that. And I also teach school one day a week.

**M: And you are teaching? Thank you for coming, Mr. [name].**

R: And I like to walk. I like to exercise and in the spare time around the building that I live, I'm in charge of recycling.

**M: Recycling. Thank you for coming.**

R: My name is [name]. I take part in different activities in the Franklin Apartments. Also, I attend the Takoma Part Action Group with Mr. [name] and I take part in activities with [name] at the Takoma Park Center.

**M: Thank you so much for coming.**

R: My name is [name] and all I do all day is watch television and sleep.

**M: Television and sleep? Well, thank you for being here [name] and making the time.**

R: My name is [name] and I spend lots of time writing and lots of time on the computer and recently I learned how to make. . . And every opportunity I get, I do go out dancing, which I truly love.

R: My name is [name] and I'm in the Franklin Apartments. I'm friends with [name].

**M: In your free time.**

R: And [name].

**M: And [name]. Thank you for coming.**

R: My name is [name] and I don't do that much because I'm a heart patient and I have to be quiet

and I watch TV a lot but I don't do that much. You know, I walk when I get a chance to.

**M: Well, thank for being with us.**

R: Yes.

R: My name is [name]. Right now I'm recuperating from a hip replacement, but I love my grandchildren and wished they lived close by and I love movies and I love swimming and I'm trying to walk.

**M: Wonderful, [name]. Thank you for joining us today.**

R: My name is [name]. I like to stay on top of several issues as far as politics that at this instant involves us knowing what we need to know in this world today.

**M: Thank you.**

R: Hi, everybody. My name is [name] and I'm sort of unique because I've only lived in this state for the past five years. I lived in the district for eighty-one years. So, all of this is brand new for me and I'm really excited about learning how things are going.

**M: Thank you so much for coming.**

R: [Name]. Volunteer in the Community Action Group. And I'm into everything [where] I can help people.

**M: Thank you.**

R: My name is [name].

**M: Thank you for being here.**

R: My name is [name] and I'm a . . . resident.

**M: I'm Ivonne Rivera and I am the president of the Rivera Group. And this is a research company and we mainly conduct social marketing focus groups and I have to introduce my team to you. Heidi?**

**M: Hi, I'm Heidi. I make sure all of the papers get filled out and I push everybody and I thank you so much and if you need anything, juice, water, let me know.**

**M: And I'm Betty.**

**M: And Kinsey, also, say hello. I am Ivonne Rivera and this is what I do. I travel nationwide and my interest is public health and I am very interested in health issues with underserved populations and people of color. Every color but people who are at a high risk, and especially senior citizens. So, it's a pleasure and yes, like Ms. [name], I love dancing, and**



my next class is to learn how to Tango. So I'm trying to get some lessons on how to Tango and this is how I want to spend my free time until my grandchildren come. So, [name], I am so happy for you that you have your grandchildren. This is wonderful, and we are going to have a good time.

**But, in general, how would you consider your health?**

R: I consider [myself] to be lucky. I've been here for twenty-five years and I have communicated with the Washington [Adventist] Hospital Center and that is most important to us. We should all get together and be responsible to see that they don't move that hospital. I tell you because, we need it! You know?

**M: So you say that with your health, you consider yourself lucky. Could you explain to me why, in relation to your health, you consider yourself lucky?**

R: So far so good, I mean, with the help of the good Lord. He's the one that we should really look to that he's given the doctors the wisdom and the knowledge to help our life.

**M: So you think your health is excellent? Very good?**

R: Yeah, so far so good. Only time I'd ever say. . . I go six months in July. And I'm in good health. The heart specialist, and they say . . . they have you walking the treadmill. . .

**M: Do you mind sharing your age?**

R: I'm eighty-two years old.

**M: And you consider yourself lucky. Someone else? How about your health? Do you think that your health is excellent fair, good? What do you think?**

R: I'm bubbling because if it had not been for the urgent care that I received two years ago at the Adventist Hospital. . . They stabilized me and they made it possible for me to be moved within four hours to another care. That was very, very important. I'm eighty-six years old and I'm at the age that lots and lots of things happen to us even though we've had these diseases and complaints for years. When the EMT's picked me up, they thought I was in a paralytic stroke but the care that I received at Adventist said, "No, we've got to reduce the blood pressure and we've got to do some stabilizing things." And during that time, they contacted my doctor and because I was stabilized, the doctor said to move me to Holy Cross. And I just thank God that they were there. I think that seniors and young people – everybody – needs an urgent care facility.

**M: So, how's your health right now?**

R: Doing great.

**M: You're doing great. Wonderful. Someone else? Tell me about how you are doing in terms of your health. I would like to hear from a gentleman.**

R: Well, I would say that I'm doing pretty good. I'm seventy-nine years old and I walk every day and I live on the twelfth floor of a building and I always walk the stairs and the only time that I take the elevator is when I have groceries or something.

**M: Wow, so you are doing very well. Great. [Applause].**

R: I would like to share my thoughts, which are: I had a triple bypass in 2005 and I just want to thank God that I am living today, because it wasn't easy. I've been in the hospital since I moved here. I moved here last April, I'm sorry, May. And I've been in the hospital about six times and I'm only living on about a third of my heart. Right. And I feel good. You know, I try to move around but [sometimes] I don't feel like it and I just stay at home and watch TV. But, I think that I'm going to make it, though.

**M: Well, that is definitely powerful, isn't it? Yes.**

R: I have pain in my knees and my joints. Some days it's worse than some. Like two days ago, I normally travel with the pain on my right, but two days ago I had it in both shoulders.

**M: But, in general, how do you consider yourself?**

R: Not fair, but, you know. . .

R: Bad.

R: In-between.

R: In-between. Because some days I get up and I just sit there. But some days the pain is more than me. But the doctor has prescribed medication for me but then it doesn't agree with me – it has lots of side effects. I just try to do the lift exercises or now and then I take pain tablets, but, all in all, I try to go along without medication. I use a lot of rubs on my skin. It's there, but I'm trying not to let it get over me.

**M: Mr. [Name], how is your health in general?**

R: Mine is fair. [Inaudible.] I'm doing the best I can but, I'm trying to. . .

**M: Ok. Now, tell me, around here, are you being treated regularly for a disease, illness, or condition?**

R: I have diabetes and I have asthma and I have heart trouble, so I'm treated for all of that.

**M: All of those conditions? Ok. Now tell me, how often do you get treated? For example, every week, every two weeks? How often?**

R: Once a month.

**M: Someone else. Are you presently being treated for any condition or illness?**

R: Yes, although, this is sort of a new problem, so it's not a regular thing, but every three months or so.

**M: Ok. Can you mention one illness, for example?**

R: I have a lot of examples. I come from a large family. My mom had thirteen children. Eight brothers and five sisters. And my older sister passed away last year and she was eighty years old. But I had a brother who was in the hospital for a heart attack and he called me and he told me that the doctor had asked him if [his family had any sicknesses and he said that the doctors had [told him to ask his family] to go and have themselves checked out about their hearts and I did. And thank god I did. So far so good. But all of them are gone and I'm the only one left living now. And there were thirteen of us. The last one died when she was eighty-seven. She would have been about ninety-three. And my father's birthday is the thirteenth, and he would have been about a hundred and five. You have to be strong, you know. I only have my children. And they have problems too, so, but they go to the doctor.

**M: Ok. Great. So we've heard from [Name] and she's been treated for asthma, diabetes, and something else. Someone else?**

R: Eye trouble. Everything.

R: I'm getting physical therapy at Adventist for my left hip replacement. But I've had both knees replaced and my left was the worst and I'm still getting PT but I'm doing great and they're great.

R: I had four heart attacks, and I've got sugar diabetes. If it weren't for [inaudible], I wouldn't be here today.

**M: Ok. So, someone else.**

R: I have the major things that happen within the Afro-American community. I just finished my second radiation treatment for breast cancer. I have diabetes and all of these things don't really help me because I'm glad that I have [this sense] of mine to be happy and no matter how sick I get, I say, "I'm going to be alright."

R: That's right. [In unison].

**M: Great.**

R: That's good, though.

R: I go to the doctor about three times a month, every month. Like I said before, I have diabetes; I have high blood pressure, arthritis. Chronic. Sometimes I can't hardly move around. Sometimes I can't hardly [move]. That's why I don't do that much socializing and stuff because sometimes I can't hardly move. But besides from that, the doctors at the Adventist Hospital have helped me so much, because in 2005, I didn't think that I would be living today.

R: Yes.

R: I have very good doctors.

R: Me too.

**M: What about around here? Anybody with chronic illness? And how often do you go to see the doctor?**

R: I have high blood pressure. I have sugar. My heart is acting up. If it wasn't for the care of the Washington Adventist Hospital, I probably wouldn't be here.

R: Yes. [Several in agreement.]

R: Some months, I go a lot. And some months, like this month, I've been taking tests and everything so about six times so far and I still got a couple more to go. But I think Washington Adventist Hospital is in a good location for all of us seniors and disabled people, and I would hate to see it move.

R: Yes. Right.

**M: Yes?**

R: Yes, I've never had to go to Adventist hospital to have any treatment but I have been to the hospital a couple times to visit – but I've never had to go. But still, last year, I had a hip bone operation on my left side, but it was done at Howard. Even though I have never been to Adventist Hospital, folks that live around here, that live in this building or whatever, I hear a lot of them talk about the hospital being so close in the community and it's a good thing. And all, for at least this building and possibly this neighborhood, we frequently hear and see ambulances that come here in this building more often and maybe on a constant basis through the day or the night. Now, the thing is, for whatever ailments that people are going to the hospital for, if the hospital wasn't so close to where the ambulance right in their neighborhood could get them to the care or get them to the hospital, I don't know how much farther [they could go]. Maybe they would have to go to Holy Cross – that's in Silver Springs or whatever. But I just feel as though it, being as close as—and especially for the number of times that they have to run back and forth—and sometimes you see the same guys or say, maybe, number-wise that keep coming back for the neighborhood. But, like I said, it's a convenience that it is so close. For the many times that they have to come up in this area, like I said, if the hospital was a whole lot further or moved out, it could make a difference in somebody's life.

R: Yes.

R: I want to go along with [name]. We hear not only the ambulance but helicopters a lot of times going to the hospital and I've had friends here that don't think that they could make it to a different hospital. Even if Washington Adventist transfers – I think someone said that they got them stabilized and transferred – even if they transfer the people, Washington Adventist gets them stable enough to be moved.

R: Yes.

R: And if Washington Adventist were not here, that person probably wouldn't make it long enough to the other hospital. I think it's very important for that reason.

**M: I hear you. Going back, you already mentioned that some of you have excellent health and some of you fair and some of you good. Some of you have chronic illness. Some of you mentioned diabetes, hypertension, asthma, heart disease, heart conditions. . . You also mentioned that you visited the doctor twice a month.**

R: Three times.

R: More.

**M: Some of you mentioned three times or more. Talking about all of these health concerns, what are your biggest health concerns or needs right now? And I would like to hear from those of you that I haven't heard from so far. What is it that concerns you the most regarding your health?**

R: Are you talking about individually or in general or for the person?

**M: In general for each, for someone. Is it access to care for everyday problems, access to an emergency room for major emergencies? Your chronic condition? What expressly concerns you the most in regards to your health? What is your biggest concern?**

R: I think [that what concerns me the] most is what Adventist leaves behind. If they do leave a well-equipped emergency room and a clinic and those sorts of facilities and stuff where they can still service an intake for people who need help right away, then I think that that's fine. You know, I could accept that quite well, as long as they do leave something behind them and don't just leave a blank lot.

**M: But what is the biggest health concern that you might have right now? Or need, for you? Thinking as a senior citizen in Takoma Park.**

R: Well, I've been treated for hypertension successfully, so I don't have high blood pressure, and I have a very mild case of diabetes so I can just control my diet. Those just require exams. They aren't emergency issues.

**M: How often do you get monograms?**

R: Well, for diabetes, about once every two months. For my heart, it's more complicated, there is a study every year, an ultrasound of my chest and various blood samples. So that's just kind of a recurring event and those are just tests that I have to have. So far, I'm passing them.

**M: Ok.**

R: One of my things is osteoporosis.

**M: And that's your major concern? Someone else? [Name], yes?**

R: Oh, my biggest concern about my health [is that] I am a borderline diabetic, I've been so for about nine years – do not take medication. I do have high blood pressure, which I take medication for. I go to the doctor every three months just for tests. I went the other day. If I don't get control of my eating, I will end up being a diabetic completely – a full diabetic. I love sweets and a big problem now is that I am eating too much sweets.

**M: What about [name]? What is your biggest concern, name? In regards to your health?**

R: Nothing since they turned my stomach around. I was born with an upside-down stomach and I went to a hospital in '44, and they cut me wide open and changed it around from the bottom up to the top and they switched it around.

**M: [Name], what is your biggest concern? Health issue?**

R: Heart.

**M: Your heart. Tell me about your heart and how it relates to being worried?**

R: Well, I had a double bypass done and a [Rodarouter?] fourteen times . . . and they can't do nothing else to your heart.

**M: Norman, can you explain this term? This is a medical term . . .?**

R: A rodarouter? They clean your arteries out.

**M: Ok. So you had an angioplasty?**

R: Six ends.

**M: Six ends? Ok, anyone else? Tell me, [name], what is it that concerns you the most? What are your health needs right now?**

R: My major concern is transportation to and from my medical appointments. . . . If you lack metro access to get to these appointments, you better have enough money to get a cab driver. And it's not a lot, but when you add it up over the course of the month, it's a lot. So, Medicaid, for some reason, somebody decided that I was able to walk – I couldn't stand up, like I said.

**M: Ok. Thank you. Someone else?**

R: Well, I have a lot of health issues.

**[FLIP TAPE]**

R: And right now I'm getting procedures done on my back for the pain. I've had two of them and I

have another one on May 16<sup>th</sup> so that my walking is [inaudible], because it's difficult sometimes to walk. And I have [inaudible] also, which is also very painful.

**M: How often do you get treatment?**

R: All the time! Any time that I go anywhere, it's out to the doctor. I have about six doctors and trying to keep track of them. . .

**M: Yes, [name]. You were going to mention something . . .?**

R: The only thing that I'm worried about is will be able to make it to the hospital?

**M: In regards to transportation?**

R: Yes.

**M: How so? Tell me about it.**

R: In the ambulance. In the ambulance. I'm too . . . out 29.

R: What's that on 29? What are they. . .

R: That's the new hospital.

R: Oh, that's where they want to. . .

R: That's where it's going to be.

R: Yeah.

**M: Ok. And talking about money, in regards to transportation, tell me, how do you pay for your health care? Out of pocket? From your job? How do you pay for your health care?**

R: Insurance.

R: Insurance.

**M: Insurance. What type of insurance?**

R: I have Medicaid and Amerigroup.

R: I have Medicare and Medicaid. If they didn't pay it, I couldn't go to the doctor . .

R: I go to the Veteran's Administration – the V.A. Hospital.

**M: Ok, so you have that type of insurance.**

R: Right.

**M: Veterans. And Medicaid.**

R: I have one question that I want to ask and if you know the answer. If Adventist were to close and to move, by us living in Maryland and Adventist hospital is on the Maryland side too, am I correct?

R: Yes.

R: Now, if that hospital were to move further out and, being a Maryland resident, I don't know how close the next hospital would be as far as the district is concerned. I don't know if that would be...

R: Holy Cross.

R: But Holy Cross is not in the district. I'm saying, what would be the closest hospital in the district? And the reason that I'm asking is, if you had to go to the hospital and Adventist is closed, if there is another DC hospital, I would say Washington Hospital Center, if something happened living in Maryland and it were closed, would they transfer you to a hospital because we were in Maryland or would they take you to DC if one of those is closer?

**M: So one of your concerns is that if Washington Adventist hospital is moved out of the area, then how are you going to be . . .?**

R: Well, being a Maryland resident, I'm saying, is the standard that they are going to take you to a Maryland hospital that tends to be a little bit further? Or over in DC? Which one would they probably take you to? The closest?

R: Montgomery County has the ambulance service and they would take you to the closest hospital within Montgomery Country.

R: Even if the DC hospital was closer, they aren't going to take you to DC – they are going to take you to a Montgomery County hospital. Thank you.

**M: Ok, you were going to mention something?**

R: I can't remember what his name was, he came over . . . I think it was the president of the Adventist Hospital, am I correct? He came over and I talked to him about that, because I told him what would happen if I had an attack with my heart. How would I get to the hospital? What hospital would I go to? He told me the same distance to Holy Cross is the same distance where the new Adventist Hospital would be, so they should have the rescue squad equipped enough with different things for the heart so that I can get there without having to be. . .

R: Stabilized.

R: Yes, stabilized. But that's what he told us. So, you know, that's what I'm looking forward to. I'm



not looking forward to going to Holy Cross; I'm looking forward to going to Adventist if I'm living here. They said something about five years or so. Now that's a long time.

**M: Now, some of you mentioned that you paid for your health care services needs through insurance – Medicare, Veterans, Amerigroup. Someone else? How do you pay around here for your health care?**

R: Well, myself, we're military, so I go [to] the Navy or Walter Reed. But, I went to Adventist for my outpatient therapy.

**M: Yes, you mentioned that you had knee replacements, so what type of insurance paid for this?**

R: The military and Medicare.

**M: Someone else? [Name]?**

R: I pay my Medicare out of my pocket. I also have Blue Shield and Blue Cross out of my pocket. My situation is a little different. I consider myself as working but not working so I guess I am . . . I do not. . .

**M: So it's a private insurance, Blue Cross Blue Shield, and it comes out of your pocket? Does someone else have a different situation?**

R: I'm a member of Kaiser Permanente.

**M: You're a member of Kaiser Permanente.**

R: Kaiser Permanente but I'm also under Medicare Plus. And that's the way my health card reads. They pay a portion of it but the biggest portion comes out of my own check every month.

**M: So you actually pay out of pocket?**

R: I pay out of pocket.

**M: Now, tell me, moving a little bit in a different direction, I would like to know if anyone participates in a prevention, wellness, or fitness activity. Any of you?**

R: I walk two miles every day.

**M: You walk two miles every day.**

R: At least.

**M: Do you use any facility or program? Anybody?**

R: Yes.

R: Here in the Franklin Apartments, they do have exercises every Monday, and I do participate in that. And then, at the Takoma Park Community Center, they have all of them. We do walking exercises.

**M: Ok. Someone else?**

R: I go to Martin Luther King twice a week for walking and I am graduating into swimming now, because of my condition.

**M: Ok. Anyone else involved in a fitness program or sort of a prevention wellness fitness program?**

R: I walk every morning. Every morning I walk. I try to walk ten miles every day.

**M: Ten miles?**

R: And then I exercise before I go out in the mornings for forty-five minutes.

**M: Anyone else?**

R: What I did previously and after this situation with my back I'll be able to go back to it, is. . .  
[Inaudible, multiple people talking].

**M: Please listen to [name].**

R: I can't do too many exercises out in the water but. . .

**M: Do you use any facilities, like for an example, any hospital days, wellness or fitness classes? You mentioned that you used the Martin Luther King and the pool. Anything else?**

R: Well, we have our exercise room in our building. We have two bikes and two treadmills and then they have an exercise class twice a week there.

R: Yes, I belong to the exercise class.

**M: Now, when you need a medical checkup or would like advice about a health program or get sick or hurt, where do you go?**

R: I go to the V.A. and I have a primary care doctor.

**M: Someone else?**

R: Primary care doctor.

R: Primary care doctor.

**M: Ok. Your primary care doctor. Anyone else? Where do you go if you get hurt or if you are sick? If you have a health concern? Where do you go?**

R: Adventist.

**M: Adventist. Would that be the emergency room or a medical appointment?**

R: Emergency. [In unison.]

**M: So what I'm hearing from you is that you use the Adventist Hospital emergency room. Is that right? Or correct me if I'm wrong.**

R: Yes.

R: Yes.

R: That's correct.

R: But we need to talk about that.

**M: Tell me.**

R: The emergency room?

**M: Yes?**

R: Terrible.

**M: How so?**

R: I was just there. I had fish poisoning. The rescue squad got me there about 6:00 in the morning and they started treating me about 9:00. I laid there. I screamed, I hollered, and everything because it was so bad. And, you know, they come in and they apologize to you, "I'm sorry. I'm sorry." But that's still not helping. You are sick. And the emergency room that I've found – and I can tell everybody because I think I've been there more than the average person here – the emergency room is, I guess, depending on the time you go. If you go in the morning time, they are getting ready to change shift. They don't have time for you. If you go in the evening time, they are changing shift, right? If you go at 4:00 in the morning, half of them are still asleep. It's terrible. So we have to get on them about that because it's terrible. And some of the nurses are so nasty. I have begged, "Please come and see about me. I'm sick." Why would I be in the emergency room? But, now, if you go in there for your heart, they are right on top of you. Right on top of you. They work you to death. But if you go in there for a minor. . .

**M: So what I'm hearing is that the emergency room's quality of care, when it comes to the heart, or it comes to an emergency issue. . .**

R: They are on top of that.

**M: But! They are not very user-friendly in terms of the quality of the nursing care and. . . .**

R: Right.

**M: . . . the bedside monitors, is that what I'm hearing?**

R: Yes. I can tell you. I know. Maybe somebody else. . .

R: And also the noises. I've never heard so much racket as in a hospital. It's so much noise!

**M: Ok. Ms. [name]?**

R: The last time I went, I waited ten hours in the emergency room for treatment. [Gasp].

**M: Switching gears a little bit. Do you have a primary care provider?**

R: Yes. [Together].

**M: Is it a physician, a physician's assistant, a nurse practitioner, who is it?**

R: I have a medical doctor.

**M: You have a medical doctor.**

R: A physician.

R: I have a family practitioner.

R: I have a physician.

**M: You have primary care. Raise your hands, those of you that have primary care, please. What about a physician's assistant?**

R: No.

**M: Nobody?**

R: Oh, I have a lot of assistants. For my heart, it's a chemo doctor.

**M: But for your primary care? Who is your provider?**

R: Oh, who I go to all the time? I do have a doctor.

**M: Now, in the last past months, not counting emergency room visits? How many times did you go to a doctor's office or clinic to get health care for yourself?**

R: A hundred.

**M: Tell me about it, Laura.**

R: In the last twelve months, I've been to my oncologist for a series of six visits and that's Monday through Saturday, and the last care that I had was on a six-week basis with the same oncologist coming off of radiation and that was in April.

R: I'd say that I've probably been to the doctor about fifteen times in the course of a year.

**M: About fifteen times?**

R: About fifteen times. But I go to podiatry, I go to dermatology, I go to the eye clinic, and...

R: It's been six months since I've been to the doctor.

**M: So, in the last twelve months, a couple of times?**

R: No, I haven't been and I'm due back in six months, in July.

R: I'm still going. I've gone three times so far and I've got two more times.

**M: So in the last twelve months. . .?**

R: Oh, in the last twelve months? I couldn't even count. Oh my god.

R: Don't even.

R: I couldn't even count.

R: I'm always. . .I'm always in the doctor. Especially with my heart. . .

**M: So 365 times?**

R: Not 365 times, but, you know, a lot. More than twelve.

R: I go to my primary physician probably twelve times a year, but most of those are follow-ups. I go to my cardiologist about half that much, about six times per year. Those are my only regular visits.

**M: I see. Now, let me ask you this. Which hospital do you use for non-emergency care? So if you don't have an emergency, which hospital do you go to?**

R: Adventist.

R: I go to Washington Hospital Center.

R: I go to the Veteran's Administration, because that's where my doctors are at.

**M: I see. Someone else?**

R: I go to Walter Reed for just about everything, because that's where my records. . .I carry my records with me.

R: I go to Adventist for anything.

R: I go to Washington Adventist for everything.

R: I do too.

**M: Raise your hands for those of you who use Washington Adventist for non-emergency care. Seven. Ok. Now, let me ask you this. I will give you a sheet of paper, a page. Please write down if you could decide which facilities, health services should be included in the city of Takoma Park, what would they be and why?**

R: Could you explain it again?

**M: You want to write, if you had the choice, if you could decide what facilities or services should be included in Takoma Park, what do you want to see?**

R: You mean when Washington Adventist Center moves?

R: No.

**M: If you could decide what health services could be included in the city of Takoma Park, what would they be?**

R: Urgent care.

**M: So what do you think?**

R: You said as far as the hospital is concerned? Or in the city of Takoma Park, period?

**M: In the city of Takoma Park. You decide what services you want. One, two, three. Cardiology. Podiatry. . .**

R: An emergency room or something.

**M: You can write it down and then you can start telling me. . .And also, I need. . .What would be the three most important health issues for you as residents of the city of Takoma Park, and why? Three health issues for you. It's one question and you want to write three things. Does everyone have something to write with? [Do exercise.] Now, if you could pay attention, please. Ok, you mentioned, for those of you who mentioned the Washington Adventist Hospital, within the last year, what types of services did you or members of your immediate family receive?**

**Now, let's talk about the main issue here. As we mentioned, the Washington Adventist Hospital plans to relocate outside of Takoma Park. If you get your health care at Washington Adventist Hospital, what will you do?**

R: Well, we don't know what we will do.

**M: Let me ask the question again. And we are going to finish pretty soon, OK? But the important issue is that Washington Adventist Hospital plans to relocate outside of Takoma Park. If you get your health care at Washington Adventist Hospital, what will you do? Heidi is going to read this.**

**M: Washington Adventist Hospital plans to relocate outside of Takoma Park. If you get your health care at Washington Adventist Hospital, what will you do?**

R: I would follow it.

**M: You would follow it?**

R: Yes, I would go there.

R: If it's an emergency, then they are going to take you to Holy Cross.

**M: If you get your care there. Ok, we have to stop writing and this is a discussion now. This is very important. If you get your health care at Washington Adventist Hospital, when they move, what will you do?**

R: If it's an emergency, like I said, then they will take you to Holy Cross.

R: Who will take you?

R: The ambulance.

R: Please. Let me finish. If it's non-emergency, then you would either find transportation to Adventist, or you would have to get yourself a new set of doctors. No, it wouldn't be for me, but I'm thinking about other people. But you would have to get the rides and the cab coupons and all of those types of things. But, you could do it.

**M: What I'm hearing from [name] is that she would continue using Adventist. Is that correct?**

R: Yes.

R: I agree with [name]. If there's an emergency, the closest hospital would be Holy Cross. I know right now where Holy Cross is, and if I had to drive, I would go straight to Holy Cross because I don't know how to get to 29 or whatever. Now, in an ambulance, that's a different thing. I would want them to take me to Washington Adventist.

**M: You have to write right now. This is very important – and we will be finishing very soon – but this is the main issue here, what would you do if Washington Adventist plans to relocate outside Takoma Park? And if you get health care there, what would you do? So we**

heard from [name] and she said, “Well, I would continue using Adventist.” We heard from [name] saying, if it’s an emergency, then... If not, I would go, I would drive to Holy Cross.” Now, I need more opinions.

R: No, I wouldn’t. I would go. [I would] take the chance of going to the hospital where I’m treated and the doctors that know me. If I have heart trouble and [if] I go to Holy Cross – they don’t know anything about me at Holy Cross. So if I’m not dying, I would rather they route me at Adventist. It’s going to be out 29, so it’s a straight shot. You know, from here you just go through the park and hit it on 29.

**M: So what I’m hearing is that you would continue using Washington Adventist Hospital?**

R: Yes, I would.

R: If I were driving, I know where Holy Cross is. I don’t know where they are moving to. If I knew and could get there and I’m driving, then I would go. But in the ambulance, I would want to go to Washington.

**M: Ok. Someone else?**

R: Number one is, what is the reason or reasons that Washington Adventist wants to move?

R: The reason was that they were out of space and they didn’t have any more room to build and everyone in the neighborhood was against them putting up any more parking garages, so they needed more facilities, so they decided that the only way to do it was to rebuild it.

R: In a new location.

**M: Now, what would senior citizens, if it’s relocating, what would residents of Takoma Park do? Now, we’ve heard that some of you would like to continue to use [their] care. Now, more opinions. What would you do?**

R: I think part of the problem is what doctors are going to move with it to the new location? And whether or not you want to continue. But maybe if you have other doctors. . .

**M: Ok, but the issue is that we need to know how that is going to impact you and what you will do.**

**Will you continue using Washington Adventist if the hospital provides shuttle service from this location that you have now? Would you use it?**

R: Yes.

**M: Tell me. What do you think about that plan?**

R: I think that would be great because, like I said previously, I’m new in this area and I only go where I know how to get back. If the hospital moves and they have a shuttle, I would get in it and



go.

**M: Ok. [names] what would you do? Would you continue with the Washington Adventist Hospital? Would you look for another hospital? What would you do?**

R: Because I have only been in this area only one year, if an emergency and the EMT comes, take me wherever. If it's not an emergency, then I will go to my doctor in DC and he would tell me where to go to, which would be in DC.

R: I would go to Washington Hospital where I had my heart attack.

**M: What would you do? Would you continue with Washington. . .?**

R: Yes, I would.

**M: You would continue? Tell me about it.**

R: I would, because my heart doctor is there.

**M: So if they move, you will continue with them?**

R: I go to Veteran's.

R: If there was something else in the area, if there were an emergency, I would go to the nearest place.

**M: So that means that you would find another hospital?**

R: Is there something...? If Washington Adventist moves, would there be another facility there? What would be there in that building?

**M: And that is my next question. Let me get to that. But I would like to hear from [name]. For example, what would you do?**

R: If you go to the emergency room there and they're going to treat you and you'll lay there like I did for eight and a half hours.... I could call an ambulance from Annapolis to come pick me up and take me to Holy Cross because . . .

**M: Ok Mary, what would you do?**

R: I would continue to use the same hospital.

R: Well, you have to go to the hospital where your doctor is on staff. So, I would follow my doctors because there are probably going to be doctors that I knew at Adventist Hospital. For most things.

**M: Ok, so what I'm hearing from most of you, and I have. . .**

[FLIP TAPE]

R: . . .sent me a letter telling me that she was going. Now, I knew that it wouldn't be convenient for me to drive to Navy under my condition, so I picked another doctor at Walter Reed. And I get my records, I carry my records back and forth to the hospital, and everything is on the computer, so. . .

**M: She would like to add something. Please pay attention. Thank you.**

R: What I would like to add is that it's very, very important, whenever, to keep the same physician because they know your condition particularly as a primary care. I've had my primary care doctor since 1993 and he is the one who has gotten everything together with all of the doctors that I've had, and he's the one who has tried to keep things coordinated, so I would not want to have to ever switch.

R: I've been with my primary doctor for about fourteen or fifteen years, so he knows my ins and outs and, like she said, he's referred me to all of the doctors that I have. But, if this were to happen, I know my cardiology doctor, he works out of Shady Grove and he lives on Connecticut Avenue, so I'm not looking for him to go out on 29. But he has a team of doctors as well, so I would take another doctor from the cardiologist. On the team.

**M: Ok. And I have another question. Please pay attention. Now, if Washington Adventist Hospital relocates somewhere else, elsewhere, how would you like to see the Takoma Park campus and the facilities of Washington Adventist Hospital utilized?**

R: Urgent care.

R: It's really important for them to have a pretty comprehensive urgent care facility on that block because I had to go to Germantown, then I had to go to Rockville, and I would feel comfortable if, instead of the doctor sending me to Germantown, I could just go right up the street there.

R: I would have gone because if some doctor from around here, Ok, they told me one time that they wanted me to go to Greenbelt for a colonoscopy. I asked them why. I live here, why do I have to go to Greenbelt? You do it in the hospital, and I want to have it done in the hospital. That's how I feel. You have to learn how to talk to your doctors because they will send you all over.

**M: Now, this is a very important question. If that space becomes available, what I'm hearing so far is that you would like the space to be used as urgent care. . .**

R: Yes. [Resounding yes].

**M: . . .Or outpatient care.**

R: Yes. [Resounding yes].

**M: Ok.**

R: I was going to say, a comment or a question for whoever knows. Is it possible if they do move

and if the building is still there, would they be able to take that facility as it is and use it or turn it into, the same way how they did with DC General? DC General is still there, but they use it for, I guess for outpatient or a clinic. . .

R: A clinic.

R: Would it be to the best of Takoma Park to do it like that and keep that or would it be better to just do away with the whole. . .

**M: That's why we are here. We are here to ask you for your opinions about – if the space becomes available. . .**

R: Well, that's my opinion. I think that that would be the best. I would like to see the hospital – the facilities. Now, they can change it around as far as whatever services or acute care in the same way as DC General. I think that that would still serve the public. . .

R: Yes.

**M: Ok. So what I'm hearing is that you would like to see those facilities used as urgent care or outpatient care.**

R: Right.

**M: Besides those two things, is there something else that you would like to see?**

R: There's a growing population of people that are uninsured and that need emergency care for their health care. If they could set up like a family care for those people that have no insurance and somehow find funds to support that, because that's a real problem.

R: Holy Cross Hospital has a clinic down in Silver Spring at Montgomery College on Georgia Avenue and that's for uninsured people. They could do the same thing for Washington Adventist. They could just downsize and have outpatient clinics.

R: I think there should be a really good pharmacy. A pharmacy that carries medicines that you need and that is conveniently located.

R: Yes.

**M: Tell me, how would you feel if that space were used for a Fitness/Prevention/Wellness/Lifestyle facility?**

R: I would like it.

R: It's enough space to use it for that.

R: I would feel good.

**M: So you would like that?**

R: Yes. [Altogether].

**M: Ok. How would you feel if this space were used for offices or non-profit organizations?**

R: No.

R: No!!

R: No.

R: Not at all.

**M: Tell me why.**

R: There are too many right now.

R: It's too much.

R: I think that non-profit organizations do a lot of good things and they need space to operate and if they could get low rent, that would be very good.

**M: Now, what about offices for business?**

R: No.

R: Oh, no.

**M: Why not?**

R: Because I don't think that a college campus, and that's really what it is, is good for business transactions.

**M: What about a park, athletic or recreational facility?**

R: Recreation would be good.

R: No.

R: If it's not going to be used for outpatient, emergency care, no.

R: Right.

**M: So what I'm hearing so far. . .so how would you feel about having a school?**

R: No.

R: No.

**M: Why not?**

R: I don't think we. . .I don't think we need a school there. I myself think that the school there should have been what moved to build a larger part for the hospital. I just wonder why. I heard. . . I understand that once the hospital is moved, that they want to expand the school. I don't know why. That's what I heard.

**M: What about retail or commercial?**

R: No.

R: No, no.

**M: So, what I'm hearing from the group are two things. You would like that open space, if it becomes available, for urgent care of outpatient care.**

R: Yes.

R: Right. [Applause].

**M: We are finished with our focus group unless you want to add something. Please.**

R: I would say that there is one exception to doing business there and that is the pharmacy.

R: Yes, we need a pharmacy.

R: We have a pharmacy, yes. In the hospital.

R: Yes, on the first floor.

R: My final comment isn't about health care, but it is about prescription drugs. We need to try to do something to make drugs that people need more affordable. For half of the year, I pay almost \$600 out of pocket for my medicine.

**M: Now, with regards to the relocation of the Washington Adventist Hospital outside of Takoma Park, do you have any final comments? Anything else to add? Any final comments? Well, thank you very much. It has been a pleasure to meet you.**

**[END OF SESSION]**

Focus Group #1 with Spanish Speakers – Full Transcript  
Casa de Maryland  
Silver Spring, MD  
Saturday, May 10, 2008

**FOCUS GROUP DISCUSSION TRANSCRIPT**

**Key:**

**M = Moderator**

**R = Participant (s)**

**M:** Good afternoon. We are here in Casa de Maryland. This is the first group of Latinos and today is May 10, Mother's day. And we are mothers, strong Latina women here in Maryland. We are here on behalf of the city. My name is Ivonne Rivera and I am a health researcher and I work as an independent consultant and I go all over the country talking with people about different health issues. The majority are Latino and I speak with them in Spanish. I'm originally from El Salvador and I own the company that is called the Rivera Group. Raise your hands if you want coffee or water. We are here to hear your opinions. This is a study of opinions. Basically, the city of Takoma Park sent a survey to all of the residents of Takoma Park, but afterwards they decided that they wanted to hear from the Latinos and Hispanics as well as the senior citizens of Takoma Park. So they wanted someone like myself to do the focus groups. So, thank you for your help. My name is Ivonne Rivera. Ok, so, basically, we are here in this group of opinions about Washington Adventist Hospital, which is thinking about relocating outside of Takoma Park, and how this is going to affect the Latino residents. So, how is it going to affect you, and, that's basically what we are here for. Have any of you participated in a group like this one before? A focus group?

**R:** No.

**R:** No.

**M:** Tell me your names, what country you are from, and what you like to do in your free time. Now, you don't have to write. Let's start over here. Only your first name, because I am recording, but everything is confidential. Your first name and nothing else. We want to know what was said but not who said it. This is my data and it's going to be translated into English, but your names will not appear. There will be numbers, like number one, two, three, but there are no names.

**R:** My name is [name] and I'm from El Salvador and I like to read a lot.

**M:** Thank you for coming.

**R:** I'm from El Salvador. From Santa Anna.

**R:** My name is [name] and I'm from El Salvador, from the capitol, from San Salvador.

R: My name is [name] and I'm from Mexico and in my free time, I like to take my kids to the park.

R: My name is [name] and I'm from Mexico and in my free time I like to watch the news.

**M: The news?**

R: I'm from Mexico, and in my free time I like to go shopping.

**M: Ah, I also like to go shopping! [Laughter].**

R: My name is [name] and I'm from San Salvador. I'm an art painter. I also go to church. And I like to spend time with my neighbors.

R: In my free time I play soccer.

**M: And what country are you from?**

R: I'm from El Salvador.

**M: Thank you.**

R: I'm from El Salvador. And in my free time I like to read.

**M: My name is Ivonne Rivera and I'm from El Salvador. I came here when I was thirteen years old and I only knew one word in English, "pencil." And with a lot of study I learned English and I got married to a Puerto-Rican man. Ok. What do you think about your health?**

R: It's good.

R: It's fine.

**M: In general, how do you consider your health?**

R: Well, it depends on the person, on what you do.

**M: How is your health now? Excellent? Good?**

R: I consider it to be excellent.

**M: Ok.**

R: Because I do many things, I keep healthy. I do what I can.

**M: Ok, someone else? How is your health? Good? More or less?**

R: Normal.

**M: Normal? How so? Ok.**

R: More or less.

**M: More or less? How so?**

R: Well, my health is more or less normal, but. . .

R: Well, I consider my health to be good. I haven't suffered from any diseases and like he has said, I live a Christian life without contamination from drugs, alcohol, or cigarettes. So, thank God. . . Well, this is the most important thing because my body has not become contaminated.

R: Yes, your health is related to your lifestyle.

R: And also with your work.

**M: Anyone else? How is your state health?**

R: Well, almost all of us can say that it's good or normal. But we really don't know completely because you have to go to a doctor within a determined amount of time to know about disease.

**M: How is your health now?**

R: Well, mine is good, but as I said, you don't know completely if you are perfectly fine. It depends on each person.

**M: And how do you feel?**

R: I feel good.

**M: You consider your health to be good?**

R: I would say yes.

**M: Ok. How is your health?**

R: Thank god, it's good. I don't have anything wrong.

**M: Ok, are any of you or your family members currently receiving treatment for any disease? For example, asthma, respiratory conditions, cancer—actively or in remission—diabetes? Any of you or your family members, currently in Takoma Park?**

R: No.

R: No.



**M: You are from El Salvador? Come sit down. Between the two gentlemen would be best. Very well. Ok. Thank you for coming. Happy mother's day. What's your name?**

R: [Name].

**M: I will pass you the consent form. Well, [name], we are talking, and the reason that we are here is because Washington Adventist Hospital is considering moving outside of Takoma Park and we want to see how it is going to affect Latinos who live in Takoma Park who will be affected by this situation. So, we already introduced ourselves. We come from Mexico and El Salvador. Where are you from?**

R: Honduras.

**M: Honduras. Thank you for coming. How do you consider your health? Good, more or less, fair?**

R: Well, it's not really bad or really good, it's normal.

**M: Ok. The other question is if any of you or any of your family members that live in Takoma Park are being treated for any chronic disease. Diabetes? Anything?**

R: Nothing.

**M: Nothing? Ok. Currently, what are your biggest worries about health? The biggest ones as far as health?**

R: What worries me is going to a hospital or going to a checkup with people . . . [inaudible]. This is my worry.

**M: What else worries you?**

R: This is the only thing that really worries us. We are here and . . . [Inaudible].

**M: And what happens? Anyone else? What most worries you currently as far as your health?**

R: For me, I am afraid that an accident could happen to me. You can get hurt and to have to pay so much in a hospital . . . you have to pay so much in a hospital. So that's a fear that I have.

**M: Ok. Anyone else? Over here? As far as your health?**

R: Well, as you . . . certain things happen to you and you can have certain problems. For example, with eyesight. You can start losing your eyesight little by little.

**M: Over here?**

R: I'm afraid of breast cancer. Because many women get cancer and this scares me as a woman.

**M: Ok. How about over here? Is there something that worries you as far as your health?**

R: No, well, cancer worries me a lot. That worries me a lot. That is one of the things that worries me the most.

**M: Anyone else? [Name]? Something that worries you as far as health?**

R: One thing that worries me is when suddenly, when you go to the doctor, you have a disease and this brings another one because . . . One of the things that worries me the most is, one or the other, and really, we do not have enough to pay for it. And another thing is that if they actually change the hospital, this is going to hurt us immensely because it is really the only one that we have close to us.

**M: Ok.**

R: What worries me a lot is that my mom has diabetes my family too had many diseases, and so that we as their children could inherit them and we have to eat well and be healthy and if there is a way to prevent that.

**M: Are any of you worried about having access to an emergency room? Tell me about having this access...So, you are residents of Takoma Park.**

R: Yes.

**M: So as far as having access to an emergency room, how do you feel about this? If there is an accident or whatever, if you needed to go in the case of an emergency, what would happen?**

R: Maybe they will lose more lives because the further away the hospital is, the longer it takes to reach the emergency room.

R: And that, yes, will affect the community.

**M: Specifically, how does it affect you, having access to an emergency room?**

R: It affects it a lot in the case of an emergency. If there is an accident. . .

**M: Ok, what about over here?**

R: Yes, because if something happens in the middle of night. . .

**M: And what happens as far as if they can give you services in Spanish? How does that situation affect you in hospitals? I don't know if any of you have gone . . . Does the language worry you as far as medical care? How about receiving medical attention in your language?**

R: I think . . . I've had a problem like that because they took me to a hospital and the truth is that

there was a problem because the faster that you say, “This is what I feel. This is what I feel,” the faster they attend to you. But sometimes there aren’t people there to help you and if you don’t speak . . . so it’s very important that they have people who speak your language.

**M: And what about ways to pay for health care? What is that situation? Do you have medical insurance? What is the situation with you?**

R: Wait for the bill.

R: Wait for the bill.

**M: Wait for the bill? How so?**

R: Because we don’t have medical insurance. If it’s an emergency, yes, but. . .

R: If you go as an emergency, they accept you, but if you don’t, then they won’t take you.

R: It’s the same thing as he said.

R: And then you have to look for a way to help because one time with a guy at my work, he didn’t have a way to pay, and sure, they give you time, but. . .

R: There are some social workers who can help.

R: Yes.

**M: Ok. Tell me, how do you pay for health care?**

R: Well, for me, I don’t like health care.

**M: You don’t like it?**

R: No, because if you don’t have an emergency, and economically, we can’t pay for health insurance.

**M: Ok, how about over here? How do you pay for health care? Insurance?**

R: Well, I have a friend that is a doctor, so when I feel bad, I talk to him.

**M: But you pay?**

R: Well, since it is a friend, the truth is that no.

**M: He doesn’t charge you.**

R: He doesn’t charge me.

**M: Ok. Over here?**

R: I have medical insurance.

**M: You have medical insurance?**

R: Yes, I bring my insurance card.

**M: Tell me.**

R: I've been living here for seven years.

**M: Ok, so, could you sit here between these two gentlemen? Your name?**

R: [Name].

**M: [Name]. Ok, hi [name]. So, we are here because Washington Adventist Hospital may move out of Takoma Park. No cell phones, please. Please turn off your cell phones. Ok, this is your consent form. If you have any questions . . . Ok, we are talking about how the move of Washington Adventist Hospital is going to affect you all. Tell me, now we are talking about how you pay for health care. So, tell me, do you have health insurance? How do you pay for health care?**

R: Health insurance? No. Right now, I pay myself.

**M: So you pay out of pocket?**

R: I pay out of pocket as well.

**M: Ok. [Name]?**

R: I pay for it bit by bit.

R: Well, really, in general, I feel that it affects us most as Latinos because there the service is good and they try to communicate in our language and it's a good hospital and it would be a shame. Also, because of the place, we have good access. And for me, more than anything, my husband as well, because of the ambulances and everything, and the paramedics, they could lose more lives.

**M: But currently, how do you pay for health care?**

R: Well, like the majority of Latino immigrants, I don't have health insurance. And I would like to have it, but in this country, I have to pay.

**M: Or wait for the bills, anyway! [Laughter]. And over here?**

R: I have to pay for it myself.

**M: Currently you pay out of pocket?**

R: Yes.

**M: Do you have health insurance?**

R: No.

**M: How do you pay for health insurance?**

R: I have to pay for it myself.

**M: Ok, so what I hear is that the majority of you as Latinos living in Takoma Park are lacking health insurance and the hospital that is most accessible is Washington Adventist Hospital, and that because you lack health insurance, you have to pay for health care out of your pocket. Ok. Do any of you participate in any type of prevention activities? Fitness, nutrition, classes, or a program that you participate in?**

R: No.

**M: Walks, health talks?**

R: No.

R: Last year we participated in a group and the objective of that group was to do exercise, invite the community to eat healthy, and even if it was only once a year, visit a doctor. Unfortunately, we as Latinos were working and we don't have the time, so this year we aren't going to be able to continue this group. But, the people who participated last year got the message. Probably all of them, in their free time, exercise.

**M: So what I'm hearing is that there was a prevention group that you participated in but that the Latinos couldn't do it because of other basic needs, money needs. That's what I'm hearing. But would you be interested if there were a place where you could do exercise or would have a pool and a recreational center, would you be interested in participating?**

R: Yes, of course.

R: Yes.

**M: Ok, now, tell me, do you use something such as exercise classes, yoga, walking, running, that you use?**

R: Well, I walk.

R: I walk a lot and I play basketball.

**M: So, when you need a checkup or get sick or hurt, what do you do?**

R: I had an accident at work but I don't have anything, so I just bought what I could.

**M: Anyone else? What do you do?**

R: Well, we as workers and people who are looking for work, if there is an accident, we would call an ambulance because we are friends and that's what we do.

**M: Well, tell me, have you ever gotten stomach-sick or something like that? What do you do?**

R: Well, they sent me to the hospital and they did a test and they did a mammography.

R: That is the benefit of being close to a hospital because if you are working with the mobile unit here and are a resident of Takoma Park, it is good to be able to locate the hospital and be able to go to the hospital for care.

**M: There is a mobile clinic?**

R: Yes, there is a mobile clinic where you don't have to have medical insurance.

R: Yes, on Wednesdays.

R: That's where I go.

R: Or I go and buy medicine.

**M: So I'm hearing that you don't go the hospital?**

R: No, we don't go to the hospital because you have to pay!

R: Because of the cost.

R: The cost.

**M: So, what I hear is that you don't go to the hospital and you don't have medical insurance, so what you do when you get sick is you . . . But what if it is serious?**

R: Then you go the hospital.

**M: Then you go to the hospital.**

R: Then you have to go to the hospital.

**M: And where do you go in the hospital?**

R: To the emergency room.

**M: Ok, and you go to the emergency room.**

R: For me, at least, I can't pay this! I wouldn't go.

**M: What about your children?**

R: Well, I already applied for insurance for my children, but . . .

**M: Well, but when you get sick, you don't go to the hospital, you look for other remedies, you ask God, and you don't go to the emergency room because. . .Ok, now, do you have what they call a "primary care provider?"**

R: No.

R: No.

R: I have a doctor that treats me.

**M: Anyone else? Ok, now if you could choose between a physician, a physician's assistant, or a nurse practitioner, who would you choose?**

R: A doctor.

R: A doctor.

**M: In the last twelve months, not counting emergency-room visits, how many times have you gone to a doctor's office or a clinic?**

R: One time.

R: Not once.

R: To a doctor? For a sickness, or?

**M: How many times have you gone, more or less?**

R: No. . . .

R: No, I haven't gone.

R: I've gone three times.

R: I haven't gone.

R: No.

R: Well, when I went to the hospital, they sent me over there to the mobile where I got the mammography.

**M: Ok. If you could decide here in Takoma Park what facilities or health services would be included in the city, what would you want?**

R: Community clinics.

R: Prevention programs.

**M: How so?**

R: Like what the woman was saying, exams to prevent diseases.

R: It would be excellent if they had it to have exams.

**M: Ideally, you would like community centers with low costs and clinics that could give, like the woman said, a mammography. What else would you like? Tell us because yes, they have hired me to write this down.**

R: Yes, a mammography. Because as a woman, there are so many diseases that can affect you, so it would be excellent if there were a clinic with doctors.

R: Yes. And for those that are losing their vision, something to help them.

**M: At low cost.**

R: Well, really, there are so many different types of cancer for women and for men as well, and there is one thing that is fundamental is dental care. And what I have seen here is that there is no [dental] treatment.

**M: For you as residents of Takoma Park and as Latinos, what are the three most important issues for health?**

R: For me, it would be very good to have prevention for cancer before it becomes advanced.

R: Diabetes.

R: Vision.

**M: Someone else?**

R: For men, prostate cancer! More than vision. . .

R: Prostate cancer.

**M: So the most important issues for Latino people living in Takoma Park: prevention of**



**cancer, and for men, prostate cancer.**

R: For many of us, we would like for them to pay for us to have general exams, blood exams, so that they can tell us everything. How our cholesterol is, because we don't know.

**M: So the three most urgent issues for Latinos include a general checkup.**

R: Exactly.

R: Yes.

R: A general checkup.

**M: Yes, and for women, checks for cancer and for men, prostate cancer and colon cancer?**

R: Yes.

R: Well, for me, a mammogram.

R: For the prostate.

R: The prostate.

**M: We are good on the outside, but we need medical checkups. For diabetes and cholesterol.**

R: And also, high blood pressure. And because of our financial situation, the stress...

R: That affects us a lot.

**M: So the three issues that affect you as Latinos is that you don't have health insurance, and mental health. . .**

R: Yes.

R: Yes.

R: Things are really expensive.

**M: Things are really expensive and there aren't jobs.**

R: Yes.

**M: Ok. In the last twelve months, have you gone outside of Takoma Park to receive medical care?**

R: No.

**M: Ok. You have already said that you don't use doctors. For those of you who mentioned Washington Adventist Hospital, in the last year, what type of services did you or members of your family receive?**

R: No.

R: A mammogram.

**M: You received a mammogram, yes?**

R: Yes.

R: A friend of mine went there and they treated him well.

**M: Now, Washington Adventist Hospital plans to move of Takoma Park. So, what are you going to do? Where are you going to do? You as Latinos?**

R: To DC.

R: Prince George's.

**M: Would you follow the same hospital?**

R: It depends.

R: Well, if they send us far, that would be more expensive and would be further for transportation.

R: If there is an emergency. . .

**M: So, if Washington Adventist Hospital provided transportation that would take you, what do you think? Would you go to the hospital?**

R: Yes.

R: Well, it's different because they give you transportation but if it's an emergency, they aren't going to take you to the furthest one; they are going to take you to the closest one.

R: If the problem is really serious, I would walk.

**M: Ok. So, we want to know if the hospital moves to another place, how would you like the space to be used? How would you, as residents of Takoma Park, how would you like the space to be used?**

R: Put another health care center.

R: For people with low incomes.

R: A health center for people with low incomes.

R: Yes, it definitely has to be something related to health prevention. Definitely.

R: A clinic.

**M: A community clinic? What I'm hearing from you is that you would like the space to be used for. . .**

R: A community clinic! [In unison].

R: Low-income.

**M: What if they said, well, we are going to use this space for an emergency/urgent care facility?**

R: That would be good.

R: Yes, because that's the idea, that in the case of an emergency, you don't have time to get very far.

**M: Ok, so you would like them to use it as an emergency facility.**

R: We need something there that will give us medical care, like a clinic.

**M: What do you think if they used this space for a prevention program, a recreational center, something like that?**

R: If you don't have to pay! [Laughter].

R: What about using the space for doctor's offices?

R: But the cost!

R: You have to pay.

**M: What about for non-profit organizations?**

R: Yes.

R: Yes.

**M: Why?**

R: Well, non-profit. That's the key phrase. So it would be a help, to improve things, one would assume.

**M: What about for offices for businesses?**

R: No!!

R: No.

R: Because there aren't jobs. . .

**M: What about for a park, athletic center, or recreational facility? What about a school?**

R: No.

R: There is a school.

**M: What about for retail or commercial stores?**

R: No!

R: No.

**M: Why not?**

R: Because . . . you can't change your health for material things.

**M: Now, we have finished our agenda. Do you have any final comments? Would you like to add something?**

R: Well, as I was saying, it would be best if it were a clinic for low-income people that is close.

R: And it has to be for low-income people because there are people. . .

R: I would say that it should be a clinic.

R: Really, health is extremely important for all human beings. It will really be a shame if they move that hospital. If there is an alternative as a health center . . . There are always health centers but if it were one for low-income, and that everyone would have access. . .

R: And we have said here that we don't use the hospital a lot because of the cost. So we have to have the assurance that in the case of an emergency, that we have an option. It would really be best if it were a community clinic.

R: Like she said, a clinic, but where we wouldn't have to pay. And for everything, for vision and for everything. And that we would have close to us, because if it is further away. . .

R: I think that if we had the opportunity to say, that with such a large Hispanic community, there really is a need for a hospital.

R: And also, it could be more expensive and there has to be something because we don't want to have to move.

**M: Ok, thank you so much.**

**[END OF SESSION]**

**Focus Group with French Speakers – Summary Report**  
**Casa de Maryland**  
**Silver Spring, MD**  
**Saturday, May 10, 2008**

**SUMMARY REPORT**

**Issue A: Your health care in the last 12 months**

**In general, how would you consider your health?**

French speaking Africans indicated that they felt their overall health is bad mainly because of a diet change, lack of affordable healthcare and stress related to relocation to a new environment:

- “My health is bad because of the food that we eat here. There is a lot of fat, sugar and salt in it. Plus we work too much and exhaust ourselves.”
- “My health is declining because not everyone can afford healthcare like in Canada where it’s free.”
- I’m ill but I cannot go to the hospital because care is very expensive.
- “I have never had a check-up ever since I migrated to the U.S. Even when ill I practice self-medication.”
- “Even though La Casa helps us with a few minor check-ups, the drugs we are given afterwards do not always completely cure us.”
- “Although I know that if I get sick today I might die before being able to make it to the doctor, I consider myself in fairly good health since I just moved to the U.S.”
- “I feel as though my health is bad because of the new environment I live in. It is more of my psychological health that has been affected.
- In Germany, one can go to a hospital every 3 months whether he/she is sick or not and get a free check-up.
- Our psychological is greatly affected because this country does not recognize our value and some of us are consequently forced to hold demeaning jobs and we end up developing ulcers.

**Are you (or a family member you live with) being treated regularly for a disease, illness, or condition?**

Literally all participants reported suffering from stress; however, some participants also reported suffering themselves or having family members suffering from other chronic illnesses

- “I have a 14 year old asthmatic daughter but I cannot afford to take her to the hospital, do when she has crises, we go to the pharmacy and practice self medication.”
- “My mother in law is asthmatic and she gets treated with the help from La Casa”
- “I have ocular tension and have had interventions at the National Hospital Center of Washington, D.C.”

**How frequently does this happen?**

Most participants reported receiving some sort of regular treatment for their illnesses:

- “Once a month”
- “Every two weeks”

- “Only when she has crises”
- “Once every 2 months”

### **What are your biggest health concerns or needs?**

French speaking Africans indicated that their biggest concern was the cost of healthcare and their biggest need was the introduction of free or affordable healthcare and the shortening of waiting periods.

- Health insurance is our biggest concern, for securing a health insurance will allow us to access quality care.
- There is a need for free healthcare
- Even when one can afford care, the waiting period is often too long. I know someone who has a toothache and can afford to pay for the treatment, but he was only given an appointment is not until a month later, so he must put up with the pain.
- Patients who visit the emergency room as sometimes asked to come back in a couple of months.
- One can get charged \$500 by doing as little as calling 911 and having an ambulance transport you to the hospital.
- If free healthcare is not feasible, providing affordable healthcare accessible to all would be a good start.

### **Tell me, how do you pay for health care?**

All participants reported paying out of pockets when seeking medical services

- “I am not even paying”
- “Cash/out of pocket (unanimously)”

### **Do you participate regularly in Prevention/Wellness/Fitness activities?**

Most francophone Africans indicated that they do not regularly participate in prevention/wellness/fitness activities, mainly blaming it on lack of time

- “No I do not because I am just way too tired by the time I get off work and get home.”
- “My daily activities already are somewhat fitness activities.”
- “I belong to a group that provides counseling on HIV/AIDS and also belong to a sub-group of that group that provides counseling on breast cancer.”

### **What Prevention/Wellness/Fitness activities do you use?**

- “Our daily activities are actually good, healthy physical activities”
- “Digging ditches, mowing lawns, uprooting trees, moving furniture”
- “Weekly walks”

### **When you need a checkup, want advice about a health problem or get sick or hurt? Where do you go?**

The majority of participants reported getting their health answers and needs from sources other than a physician’s office:

- “Hospital”
- “I go to La Casa; there is a physician that stops by there that I have access to”
- “I go to a CVS pharmacy and describes my illness to the pharmacist”

**Do you have a primary care provider?**

All participants reported not having a primary care provider:

- I know a lot of physicians but I do not have a primary care provider
- Since I am a nurse, I am my own primary care provider
- Every time I have questions or concerns, I call a physician in Cameroon.

**If you could choose a primary care provider, where would you go?**

All participants indicated they would choose a physician over any other provider

- “A physician” (unanimously)

**In the last 12 months, not counting emergency-room visits, how many times did you go to a doctor’s office or clinic to get health care for yourself?**

- “Never”
- “I went to a doctor’s office at least 4 times, but not in the U.S.”
- “I went about 8 times”
- “I went over 20 times”

**Issue B: Takoma Park Facilities and Issues****If you could decide what facilities/health services should be included in the City of Takoma Park, what would they be and why?**

Participants’ main consensus was there was a need for free basic health services:

- “Free basic healthcare services such as blood works and x-rays”
- “Free check-up campaigns for undocumented immigrants”

**What would be the three most important health issues for you as residents of the City of Takoma Park and why?**

Although the top 3 most important health issues differed from participant to another, there were some recurring answers:

- “Obesity, stress, and cancer”
- “Hypertension, diabetes, migraines/headaches”
- “Obesity, hypertension, HIV/AIDS”
- “Ulcers, constipations, headaches”
- “Diabetes, tuberculosis, cancer”
- “Cancer and stress”
- “Stress, diabetes and HIV/AIDS”
- “Arthritis, HIV/AIDS, tuberculosis”
- “Hypertension, HIV/AIDS, tuberculosis”
- “Back problems, HIV/AIDS, stress”
- “Diabetes and hypertension”
- “Cancer, diabetes and stress”
- “Diabetes and obesity usually go hand in hand because the poor food quality, stress, HIV/AIDS”



When asked if they thought that alcoholism and domestic violence were important enough to included in the top 3 most important health issues in Takoma Park, participants almost unanimously responded that they were not:

- “I do not mean to insult anybody, but that problem mostly affects the Hispanic population. They are the ones who drink a lot in Takoma Park.”

**In the last 12 months have you gotten health care OUTSIDE Takoma Park?**

Only a few participants reported getting care outside of Takoma Park

- “Yes, in Canada, and the services were splendid, I highly recommend it to everyone”
- “In Cameroon”
- “In Boston”

**Issue C: Where you go for health care**

**What hospital do you use for non-emergency care?**

All but one participant reported getting their non-emergency care from WAH

- “Washington Adventist Hospital”
- “I go to D.C., at the Washington Hospital Center”

**For those of you who mentioned Washington Adventist Hospital, within the past year, which types of services did you or members of your immediate family received?**

**For those of you who mentioned a facility OTHER THAN Washington Adventist Hospital, what type of services did you or members of your immediate family receive?**

**Washington Adventist Hospital plans to relocate outside of Takoma Park. If you get your health care at WAH, what will you do?**

Virtually all French speaking Africans expressed their anger at the news of WAH’s potential relocation, even asked the investigators the reasons behind the relocation. However, a few people responded as follows:

- “I will probably go to La Casa”
- “I just don’t want the Hospital to relocate at all”
- “I will simply die”

**If Washington Adventist Hospital relocates elsewhere, how would you like to see the Takoma Park campus and facilities of Washington Adventist Hospital utilized?**

- “I have no answer to that question”
- “If the Hospital must go, I would much rather see the facilities turned into a school”
- “Why not turn the facilities into a retirement home”
- “Low income apartments”

**If directors of the WAH and members of Takoma park ‘s city council were present, what would you like to tell them about French speaking African community of Takoma Park and the Washington Adventist Hospital?**

The majority of participants expressed their wish to see the hospital directors and the members of the city council reach out for disadvantaged populations and offer affordable care:

- “I’d tell them we are a forgotten and destitute community, and I would like for them to reach out to us and offer us quality healthcare at an affordable cost”
- Most participants had no suggestions about unmet healthcare needs in or around Takoma Park. However, one participant suggested the expansion of physicians under La Casa’s network while another mentioned that free healthcare services similar from the ones offered in the District of Columbia would have stopped her from moving out of Takoma Park. “I’d like for them to offer free medical services to the Takoma Park low income population

#### **Issue D: Closing**

- “I feel that the City of Takoma Park can improve in the domain of immunization.”
- “A friend of mine experienced a situation in the past when a physician he was referred to was not on La Casa’s provider network, so he ended up having to go and get cared for in Washington D.C.
- “I’m in the process of moving out of Takoma Park for Washington D.C. where I will be entitled to free healthcare, which Takoma Park does not offer.”
- “I would like to see more healthcare services related to back pain issues”

**Focus Group #2 with Spanish Speakers – Topline Report**  
**Casa de Maryland**  
**Silver Spring, MD**  
**Saturday, May 10, 2008**

**TOPLINE REPORT**

**Issue A: Your health care in the last 12 months**

**In general, how would you consider your health?**

Most participants reported that they have “good health.” Several participants indicated that they had not had a medical checkup and did not know whether they were actually healthy.

**Are you (or a family member you live with) being treated regularly for a disease, illness, or condition?**

All participants indicated that they are not currently being treated for a disease or medical condition.

**How frequently does this happen?**

N/A

**What are your biggest health concerns or needs?**

Participants stated that they are concerned about getting sick, or becoming involved in an accident or work related injury, and not being able to afford their medical treatment.

**Tell me, how do you pay for health care?**

Most participants indicated that they lack medical insurance and pay for health care costs out of pocket.

**Do you participate regularly in Prevention/Wellness/Fitness activities?**

Most participants stated that their prevention/wellness/fitness activities consist mostly of walks from their homes to the bus stop or to pick up their children from school and other physical activities related to the jobs or the upkeep of their home.

**What Prevention/Wellness/Fitness activities do you use?**

Most of the participants stated that they walk on a regular basis.

**When you need a checkup, want advice about a health problem or get sick or hurt, where do you go?**

Most of the participants stated that they use home remedies and medicine from their home countries when they get sick. A few participants reported calling their mother or grandmother long-distance for advice if they got sick, and some participants stated that they would call an ambulance if they ever felt seriously ill or became injured.

**Do you have a primary care provider?**

All participants stated that they do not have a primary care provider.

**If you could choose a primary care provider, where would you go?**

Most of the participants stated that they would choose a doctor as a primary care provider.

**In the last 12 months, not counting emergency-room visits, how many times did you go to a doctor's office or clinic to get health care for yourself?**

All participants stated that they have not been to a doctor's office in the last 12 months.

**Issue B: Takoma Park Facilities and Issues**

**If you could decide what facilities/health services should be included in the City of Takoma Park, what would they be and why?**

Most of the participants stated that they would prefer seeing a low cost community health clinic in the City of Takoma Park.

**What would be the three most important health issues for you as residents of the City of Takoma Park and why?**

The three health issues selected by most participants were cancer prevention, including prostate cancer, medical check ups, and diabetes screening.

**In the last 12 months, have you gotten health care OUTSIDE Takoma Park?**

All participants indicated that they have not received health care outside of Takoma Park in the last 12 months.

**Issue C: Where you go for health care**

**What hospital do you use for non-emergency care?**

All participants stated that they do not use a hospital for non-emergency care.

**For those of you who mentioned Washington Adventist Hospital, within the past year, which types of services did you or members of your immediate family received?**

One participant reported that she had received a mammography at the Washington Adventist Hospital a couple of years back.

**For those of you who mentioned a facility OTHER THAN Washington Adventist Hospital, what type of services did you or members of your immediate family receive?**

Several participants indicated that they had received emergency care at Prince George's Hospital in years past.

**Washington Adventist Hospital plans to relocate outside of Takoma Park. If you get your health care at WAH, what will you do?**

Most of the participants stated that they would seek health care in Washington, DC or in Prince George's County.

**If Washington Adventist Hospital relocates elsewhere, how would you like to see the Takoma Park campus and facilities of Washington Adventist Hospital utilized?**

Most participants indicated that they would like to see the Takoma Park campus utilized as a community health clinic for low income people.

#### **Issue D: Closing**

**Do you have any additional comments or suggestions about unmet health care needs in this area for Takoma Park residents?**

None.

**Focus Group with Tigrinya Speakers – Topline Report**  
**City of Takoma Park Community Center**  
**Takoma Park, MD**  
**Saturday, May 10, 2008**

**TOPLINE REPORT**

1. [Name] moved from Baltimore to Takoma Park and he is comfortable with all the ethnicities such as Ethiopian and other groups here. He finished college in the states. He speaks Tigrigna and he plays sports for fun.
2. [Name] has been here for less than a year in Takoma Park. Speaks Tigrigna and spends time at the Library for fun.
3. [Name] has been in Takoma Park for around two years. He speaks Tigrigna and spends time in Library and reads for fun.
4. [Name] speaks Tigrigna. Enjoys reading books.
5. [Name] has been in Takoma Park for 19 years. She has taken her children to the hospital many times and has very strong feelings about the Washington Adventist Hospital's move. She speaks Tigrigna.
6. [Name] came to Takoma Park in 1999. She has 4 children. Every time her children get sick, she calls 911 and ends up going to the hospital. Does not have much leisure time as she takes care of her children but she exercises.
7. [Name] is Eritrean and speaks Tigrigna. Has lived here for a long time. She walks as exercise.
8. [Name] has three children and enjoys Tigrigna TV and theater. She is an Eritrean and speaks Tigrigna
9. [Name] has been here for 9 years and enjoys walking. She speaks Tigrigna.

**Issue A: Your health care in the last 12 months (40 minutes)**

**In general, how would you consider your health?**

Three people said that their health during the past 12 months was excellent and one said her health was good. One participant said her health was fair and another said that her only trouble was allergies. Only one participant admitted having poor health.

**Are you (or a family member you live with) being treated regularly for a disease, illness, or condition?**

One participant said that her husband was very sick and was given wrong medicine, which affected his kidneys. He does have a regular treatment regimen at Washington Adventist Hospital.

**How frequently does this happen?**

Most participants said that they tend to seek treatment every six months. Some said that they go to the Washington Adventist Hospital once a year for check ups.

**What are your biggest health concerns or needs?**

The following were listed as the biggest health concerns or worries:

- Interpretation services are on the list as not every member of our community speaks English well.
- Access to health care, as most do not have insurance. What we think is how much is going to cost us rather than what kind of medical

**Tell me, how do you pay for health care?**

Three people said that their insurance pays for their health care. The rest said that they cannot pay for health care. One indicated that s/he simply receives the bill and ignores it. The women reported that they only require health care when they are ready to give birth. Only three participants had insurance.

**Do you participate regularly in Prevention/Wellness/Fitness activities?**

Most participants said that they eat healthy foods such as fruit and vegetables, and also exercise, including running and walking. One participant stated that she exercises at home. One participant stated that she has never exercised.

**What Prevention/Wellness/Fitness activities do you use?**

Two women said that they feel too tired to exercise after working so many hours but they walk. One participant told the story of being advised by an Ethiopian doctor to focus on exercise rather than getting surgery after a car accident. As a result, she now exercises regularly. Two of the women said that they follow television exercise programs.

**When you need a checkup, want advice about a health problem or get sick or hurt, where do you go?**

Surprisingly, almost all participants, including one very young member of the group, said that, most of the time, they simply pray and spray holy water on themselves. Some said that they do go to a doctor. It appeared that most of them did not know much about free health services in the area.

**Do you have a primary care provider?**

Only three people who have health insurance reported having a primary care provider.

**If you could choose a primary care provider, where would you go?**

Everyone said that they would prefer to go to a physician...

**In the last 12 months, not counting emergency-room visits, how many times did you go to a doctor's office or clinic to get health care for yourself?**

Four participants said that they have not been to a doctor during the past twelve months. One person said that she has been to the doctor several times because she has young children. All others said that they have been to the doctor between two and seven times over the past year.

### **Issue B: Takoma Park Facilities and Issues (30 minutes)**

**If you could decide what facilities/health services should be included in the City of Takoma Park, what would they be and why?**

Every person said that they would like to see health services and a hospital in Takoma Park. They indicated that the health services provided in the city need to be expanded.

**What would be the three most important health issues for you as residents of the City of Takoma Park and why?**

1. Exercise facility
2. Safety connected to gangs and other violence
3. Community Center that would provide education and outreach

**In the last 12 months have you gotten health care OUTSIDE Takoma Park?**

One participant reported receiving health care outside of Takoma Park because her doctor sent her to a specialist. During this question, all participants praised the services provided at Washington Adventist, indicating that they especially appreciate their compassion.

### **Issue C: Where you go for health care (30 minutes)**

**What hospital do you use for non-emergency care?**

All participants reported that they use the Washington Adventist Hospital.

**For those of you who mentioned Washington Adventist Hospital, within the past year, which types of services did you or members of your immediate family received?**

Participants reported receiving the following services:

- Emergency care (her husband was very sick)
- Pregnancy care
- Children care
- Mammograms
- Blood work
- Therapy because of a car accident

**For those of you who mentioned a facility OTHER THAN Washington Adventist Hospital, what type of services did you or members of your immediate family receive?**

One participant reported receiving x-ray, MRI, and blood work services at Holy Cross.



**Washington Adventist Hospital plans to relocate outside of Takoma Park. If you get your health care at WAH, what will you do?**

All participants indicated that if Washington Adventist Hospital provides shuttle services to its new location, they would continue to use it. All participants expressed his or her wish that the hospital does not move.

**If Washington Adventist Hospital relocates elsewhere, how would you like to see the Takoma Park campus and facilities of Washington Adventist Hospital utilized?**

- Emergency/Urgent Care providers
- Hospital

#### **Issue D: Closing**

**Do you have any additional comments or suggestions about unmet health care needs in this area for Takoma Park residents?**

One participant suggested that the Takoma Park government convene a public meeting to explain the reasons for the relocation. One participant indicated that the city should not let the hospital move without providing an adequate explanation for their relocation. Participants indicated that keeping the hospital in Takoma Park is important for those people who have serious medical problems and need a hospital close to their residence.

#### **Summary**

The group was a mix of people who have been in this country for a long time (19 years) and some who have been in Takoma Park for less than a year. Some participants were college graduates and some had very little education. Most participants were women with children who also have jobs

The majority of participants did not have insurance. They reported that they do not normally use health services for fear of payment. Participants appeared to be uninformed about the availability of health services for those who do not have insurance and their eligibility for health services.

**Focus Group with Amharic Speakers – Topline Report  
City of Takoma Park Community Center  
Takoma Park, MD  
Saturday, May 10, 2008**

**TOPLINE REPORT**

**Issue A: Your health care in the last 12 months**

**In general, how would you consider your health?**

Most of the participants viewed their health during the last 12 months as good.

**Are you (or a family member you live with) being treated regularly for a disease, illness, or condition?**

Participants stated that they are not being treated regularly for a disease, illness, or condition. Some participants reported having taken their children to the hospital, but for nothing serious that would require regular or frequent treatment...

**How frequently does this happen?**

Most participants indicated that, on average, they visit the hospital twice a year.

**What are your biggest health concerns or needs?**

1. Access to an Emergency Room for major emergencies
2. Lack of or inadequate health insurance
3. Information about health services
4. Transportation to health care services

**Tell me, how do you pay for health care?**

All participants had health insurance through their employer, paid for health care out of pocket, or had Medicaid. None of the participants reported receiving free clinics or services.

**Do you participate regularly in Prevention/Wellness/Fitness activities?**

Most of the participants said that they are not aware of any Prevention/Wellness/Fitness facility that is available to them. Most of the participants said that they take walks. They stressed that if there were a facility that they could use, they would participate.

**What Prevention/Wellness/Fitness activities do you use?**

Some participants stressed that they are careful about the food they eat. Most participants said they walk. There was serious concern about lack of information about health in general and wellness/fitness activities in particular.

**When you need a checkup, want advice about a health problem or get sick or hurt, where do you go?**

All participants stated that they go to a physician.

**Do you have a primary care provider?**

Only the three participants who had health insurance stated that they have a primary provider.

**If you could choose a primary care provider, where would you go?**

All participants Stated that they would go to a physician.

## **Issue B: Takoma Park Facilities and Issues**

**If you could decide what facilities/health services should be included in the City of Takoma Park, what would they be and why?**

There was a consensus that the participants would love to see a facility to include: health information center and holistic preventive medicine.

**What would be the three most important health issues for you as residents of the City of Takoma Park and why?**

Information/outreach education  
Medical check up  
Emergency

**In the last 12 months have you gotten health care OUTSIDE Takoma Park?**

- No local provider offers a service I need
- My insurance covers only health care providers located elsewhere

Only two participants had received health care outside Takoma Park. One because of a doctor's referral and the other because of health insurance.

## **Issue C: Where you go for health care**

**What hospital do you use for non-emergency care?**

Almost all of the participants said that they use the Washington Adventist Hospital for non-emergency care. Only two participants indicated that they have received health care services at Holy Cross and Howard Hospital.

**For those of you who mentioned Washington Adventist Hospital, within the past year, which types of services did you or members of your immediate family received?**

General check ups.

**For those of you who mentioned a facility OTHER THAN Washington Adventist Hospital, what type of services did you or members of your immediate family receive?**

Physical therapy

**Washington Adventist Hospital plans to relocate outside of Takoma Park. If you get your health care at WAH, what will you do?**

Almost all participants stated that they would like to continue to use Washington Adventist if the hospital provides shuttle service from its current location.

**If Washington Adventist Hospital relocates elsewhere, how would you like to see the Takoma Park campus and facilities of Washington Adventist Hospital utilized?**

The participants were very clear about not wanting the hospital to move. If it must move though, they would prefer to have either another hospital or an emergency/urgent care facility.

#### **Issue D: Closing**

**Do you have any additional comments or suggestions about unmet health care needs in this area for Takoma Park residents?**

The participants made it very clear that health services are a human rights issue and said that, with the hospital moving, they are afraid that this right is being jeopardized. They said that they would like to insist that the current space be used for health services.

## **Attachment 14 – Cross-tabulation Results**

**Cross-tabulation Results of Three Demographic Characteristics (Ward, Gender, and Race/Ethnicity)  
Against Five Select Survey Questions**

**Cross-tabulation #1: Important Takoma Park Health Care Facilities/Services by Ward (n=148)**

	<b>Ward 1 n=45</b>	<b>Ward 2 n=47</b>	<b>Ward 3 n=30</b>	<b>Ward 4 n=12</b>	<b>Ward 5 n=9</b>	<b>Ward 6 n=5</b>	<b>Total s n=148</b>
After-hours Urgent Care	36	34	21	10	8	4	113
Emergency	26	29	18	10	8	3	94
General Practice/Primary Care	22	23	15	7	7	2	76
Fitness/Wellness	23	23	11	5	6	2	70
Pediatric Services	21	17	14	6	4	2	64
Maternity/Midwifery	18	16	11	3	6	3	57
Dental/Oral Health	18	14	13	3	5	2	55
Family Planning/Birth Control	16	15	11	4	5	2	53
Hospital	13	15	14	4	6	1	53
Immunizations	16	11	10	5	4	2	48
Mental Health	15	13	9	1	5	1	44
Eye/Vision Care	15	11	8	2	4	0	40
Natural Medicine/Alternative	11	8	14	2	4	1	40
Family/Domestic Counseling	19	8	5	3	3	0	38
Nursing Home/Long-term Care	11	12	8	1	5	0	37
Hospice	14	8	7	2	3	1	35
Rehabilitation Services	8	10	10	3	3	0	34
Home Health	13	9	6	3	2	0	33
Substance Abuse Counseling	7	7	8	2	2	0	26
Suicide Prevention	10	4	5	2	2	0	23
Ophthalmology	6	5	6	1	2	0	20
Dermatology	4	4	5	0	4	0	17
Oncology	4	3	5	1	3	0	16
Dialysis	2	4	5	2	2	0	15
Rheumatology	4	1	4	1	1	0	11
Other	4	2	3	0	2	0	11
Eating Disorder	3	2	3	0	2	0	10
Endoscopy	3	1	3	0	0	0	7
Totals	362	309	252	83	108	26	1140

**Cross-tabulation #2: Important Takoma Park Health Care Facilities/Services by Gender (n=188)**

	<b>Male n=42</b>	<b>Female n=146</b>	<b>Totals n=188</b>
After-hours Urgent Care	34	96	130
Maternity/Midwifery	30	82	112
Eye/Vision Care	21	65	86
Mental Health	18	59	77
Oncology	18	57	75
Emergency	19	48	67

	<b>Male n=42</b>	<b>Female n=146</b>	<b>Totals n=188</b>
Immunizations	13	51	64
Nursing Home/Long-term Care	15	49	64
Rehabilitation Services	15	49	64
Hospice	12	44	56
Home Health	12	43	55
Family Planning/Birth Control	11	39	50
Hospital	12	35	47
Suicide Prevention	9	36	45
Substance Abuse Counseling	8	33	41
Family/Domestic Counseling	6	34	40
Natural Medicine/Alternative	7	31	38
Dialysis	8	30	38
Other	11	23	34
Eating Disorder	5	25	30
Ophthalmology	8	16	24
General Practice/Primary Care	6	14	20
Dermatology	3	16	19
Fitness/Wellness	5	12	17
Rheumatology	4	9	13
Pediatric Services	3	9	12
Endoscopy	2	9	11
Dental/Oral Health	4	5	9
Totals	319	1019	1338

**Cross-tabulation #3: Important Takoma Park Health Care Facilities/Services by Race/Ethnicity (n=168)**

	<b>Black n=11</b>	<b>Asian n=4</b>	<b>Hispani c n=6</b>	<b>White n=133</b>	<b>Other n=9</b>	<b>Mixed n=5</b>	<b>Totals n=168</b>
n	11	4	6	133	9	5	168
After-hours Urgent Care	6	3	5	107	7	5	133
Emergency	8	4	3	87	6	4	112
General Practice/Primary Care	5	3	1	68	6	3	86
Fitness/Wellness	6	2	3	57	5	4	77
Pediatric Services	4	3	3	60	3	2	75
Dental/Oral Health	5	2	3	51	4	2	67
Family Planning/Birth Control	5	0	1	50	4	4	64
Hospital	6	2	2	46	4	4	64
Maternity/Midwifery	2	1	0	52	4	5	64
Immunizations	4	2	0	42	5	3	56
Mental Health	5	2	2	40	4	2	55
Eye/Vision Care	5	1	2	37	5	0	50
Family/Domestic Counseling	2	2	2	39	2	0	47
Natural Medicine/Alternative	2	2	1	35	3	2	45
Nursing Home/Long-term Care	2	0	1	31	4	3	41
Hospice	1	0	2	31	3	3	40
Home Health	2	0	1	31	4	0	38
Rehabilitation Services	3	1	1	27	3	3	38

	<b>Black n=11</b>	<b>Asian n=4</b>	<b>Hispani c n=6</b>	<b>White n=133</b>	<b>Other n=9</b>	<b>Mixed n=5</b>	<b>Totals n=168</b>
Substance Abuse Counseling	3	0	1	27	3	0	34
Suicide Prevention	3	1	0	24	2	0	30
Ophthalmology	2	0	2	18	2	0	24
Dermatology	2	0	0	16	2	0	20
Oncology	2	0	1	13	3	0	19
Dialysis	2	0	1	12	2	0	17
Rheumatology	2	0	0	10	1	0	13
Eating Disorder	2	0	1	8	1	0	12
Other	1	0	0	9	1	0	11
Endoscopy	1	0	0	7	1	0	9
Totals	93	31	39	1035	94	49	1341

**Cross-tabulation #4: Takoma Park's Three Most Important Health Care Issues by Ward (n=147)**

	<b>Ward 1 n=45</b>	<b>Ward 2 n=46</b>	<b>Ward 3 n=30</b>	<b>Ward 4 n=12</b>	<b>Ward 5 n=9</b>	<b>Ward 6 n=5</b>	<b>Totals n=147</b>
Care for Elderly	20	27	9	4	1	1	62
Pedestrian Safety	13	21	11	5	4	2	56
Chronic Diseases	17	14	6	3	5	1	46
Pre-natal/birth Care	9	9	9	4	3	2	36
Substance Abuse	13	9	9	4	0	0	35
Poor Diet/Inactivity	13	10	3	2	3	2	33
School Nutrition	9	3	6	1	2	1	22
Infectious Disease	4	9	6	0	0	1	20
Sexually-transmitted Disease	3	1	5	1	3	1	14
Motor Vehicle Accidents	2	7	2	1	1	0	13
Child Abuse/neglect	7	2	1	2	0	0	12
Domestic Violence	3	3	5	1	0	0	12
Teen pregnancy	2	0	2	2	1	1	8
Other	3	0	1	1	1	0	6
Suicide	2	0	0	1	0	0	3
Malnutrition	0	0	1	1	0	0	2
Eating Disorders	1	0	0	0	0	0	1
Firearm-related Injury	0	1	0	0	0	0	1
Totals	121	116	76	33	24	12	382

**Cross-tabulation #5: Takoma Park's Three Most Important Health Care Issues by Gender (n=168)**

	<b>Male n=42</b>	<b>Female n=126</b>	<b>Totals n=168</b>
Care for Elderly	14	56	70
Pedestrian Safety	10	51	61
Chronic Diseases	13	35	48
Pre-natal/birth Care	8	34	42
Poor Diet/Inactivity	16	21	37
Substance Abuse	11	26	37
School Nutrition	5	19	24



	<b>Male n=42</b>	<b>Female n=126</b>	<b>Totals n=168</b>
Infectious Disease	6	15	21
Sexually-transmitted Disease	3	14	17
Child Abuse/neglect	5	10	15
Motor Vehicle Accidents	3	11	14
Domestic Violence	4	9	13
Teen pregnancy	2	7	9
Other	4	5	9
Suicide	0	4	4
Malnutrition	1	1	2
Eating Disorders	1	0	1
Firearm-related Injury	0	1	1
<b>Totals</b>	<b>106</b>	<b>319</b>	<b>425</b>

**Cross-tabulation #6: Takoma Park's Three Most Important Health Care Issues by Race/Ethnicity (n=168)**

	<b>Black n=11</b>	<b>Asian n=4</b>	<b>Hispanic n=6</b>	<b>White n=133</b>	<b>Other n=9</b>	<b>Mixed n=5</b>	<b>Totals n=168</b>
Care for Elderly	4	1	2	57	4	2	70
Pedestrian Safety	1	1	2	52	2	3	61
Chronic Diseases	1	1	0	44	2	0	48
Pre-natal/birth Care	1	3	1	33	2	2	42
Poor Diet/Inactivity	3	0	3	27	2	2	37
Substance Abuse	2	1	0	31	1	2	37
School Nutrition	2	0	1	18	1	2	24
Infectious Disease	1	2	1	16	0	1	21
Sexually-transmitted Disease	2	1	2	10	1	1	17
Child Abuse/neglect	0	0	1	13	1	0	15
Motor Vehicle Accidents	0	1	1	12	0	0	14
Domestic Violence	0	0	2	10	1	0	13
Teen pregnancy	3	0	2	2	2	0	9
Other	0	0	0	8	1	0	9
Suicide	0	1	0	3	0	0	4
Malnutrition	1	0	0	1	0	0	2
Eating Disorders	0	0	0	0	1	0	1
Firearm-related Injury	0	0	0	1	0	0	1
<b>Totals</b>	<b>21</b>	<b>12</b>	<b>18</b>	<b>338</b>	<b>21</b>	<b>15</b>	<b>425</b>

**Cross-tabulation #7: Number of Takoma Park Residents Who Received Health Care Services at the Washington Adventist Hospital within the Past Year by Ward (n=172)**

	<b>Ward 1</b>	<b>Ward 2</b>	<b>Ward 3</b>	<b>Ward 4</b>	<b>Ward 5</b>	<b>Ward 6</b>	<b>Not Sure</b>	<b>Totals</b>
Received Services	15	23	14	5	5	1	7	70
Did Not Receive Services	30	24	16	7	4	4	17	102
<b>Totals</b>	<b>45</b>	<b>47</b>	<b>30</b>	<b>12</b>	<b>9</b>	<b>5</b>	<b>24</b>	<b>172</b>

**Cross-tabulation #8: Number of Takoma Park Residents Who Received Health Care Services at**

the Washington Adventist Hospital within the Past Year by Gender (n=168)

	Male	Female	Totals
Received Services	23	47	70
Did Not Receive Services	19	79	98
Totals	42	126	168

Cross-tabulation #9: Number of Takoma Park Residents Who Received Health Care Services at the Washington Adventist Hospital within the Past Year by Race/Ethnicity (n=168)

	Black	Asian	Hispanic	White	Other	Mixed	Totals
Received Services	4	2	3	54	4	3	70
Did Not Receive Services	7	2	3	79	5	2	98
Totals	11	4	6	133	9	5	168

Cross-tabulation #10: Health Care Plans for after Washington Adventist Hospital Relocates by Ward (n=134)

	Ward 1 n=42	Ward 2 n=42	Ward 3 n=26	Ward 4 n=12	Ward 5 n=8	Ward 6 n=4	Totals n=134
Don't usually get care at WAH	20	21	10	4	4	3	62
Don't know	10	5	9	4	3	1	32
Find another Hospital	9	10	5	2	1	0	27
Other	3	2	1	1	0	0	7
Continue to use WAH	0	3	0	1	0	0	4
Continue to use WAH with shuttle	0	1	1	0	0	0	2
Totals	42	42	26	12	8	4	134

Cross-tabulation #11: Health Care Plans for after Washington Adventist Hospital Relocates by Gender (n=158)

	Male n=41	Female n=117	Totals n=158
Don't usually get care at WAH	9	63	72
Don't know	16	21	37
Find another Hospital	9	21	30
Other	4	6	10
Continue to use WAH with shuttle	2	3	5
Continue to use WAH	1	3	4
Totals	41	117	158

Cross-tabulation #12: Health Care Plans for after Washington Adventist Hospital Relocates by Race/Ethnicity (n=158)

	Black n=11	Asian n=4	Hispanic n=6	White n=124	Other n=8	Mixed n=5	Totals n=158
Don't usually get care at WAH	7	2	1	59	1	2	72
Don't know	3	2	4	24	3	1	37

	<b>Black n=11</b>	<b>Asian n=4</b>	<b>Hispani c n=6</b>	<b>White n=124</b>	<b>Other n=8</b>	<b>Mixed n=5</b>	<b>Totals n=158</b>
Find another Hospital	1	0	1	25	1	2	30
Other	0	0	0	7	3	0	10
Continue to use WAH with shuttle	0	0	0	5	0	0	5
Continue to use WAH	0	0	0	4	0	0	4
Totals	11	4	6	124	8	5	158

**Cross-tabulation #13: Best Use of Washington Adventist Hospital's Takoma Park Campus and Facilities by Ward (n=148)**

	<b>Ward 1 n=45</b>	<b>Ward 2 n=47</b>	<b>Ward 3 n=30</b>	<b>Ward 4 n=12</b>	<b>Ward 5 n=9</b>	<b>Ward 6 n=5</b>	<b>Totals n=148</b>
ER/Urgent Care Facility	28	31	15	7	5	2	88
Fitness/Wellness Facility	22	20	7	6	6	2	63
Health Care Offices	19	20	12	6	4	0	61
Park, Athletic, Recreation	13	20	8	3	4	1	49
Hospital	11	10	10	2	4	0	37
Daycare Facility	10	7	3	0	2	1	23
Non-profit Offices	6	5	3	6	2	0	22
Schools	3	4	2	1	2	0	12
Retail/Commercial	2	4	1	1	1	0	9
Residential	5	1	1	1	0	0	8
Business Offices	1	1	0	0	0	0	2
	120	123	62	33	30	6	374

**Cross-tabulation #14: Best Use of Washington Adventist Hospital's Takoma Park Campus and Facilities by Gender (n=168)**

	<b>Male n=42</b>	<b>Female n=126</b>	<b>Totals n=168</b>
ER/Urgent Care Facility	29	71	100
Fitness/Wellness Facility	17	57	74
Health Care Offices	23	49	72
Park, Athletic, Recreation	13	43	56
Hospital	14	31	45
Daycare Facility	7	18	25
Non-profit Offices	8	16	24
Schools	3	11	14
Retail/Commercial	1	8	9
Residential	3	5	8
Business Offices	2	1	3
	120	310	430

**Cross-tabulation #15: Best Use of Washington Adventist Hospital's Takoma Park Campus and Facilities by Race/Ethnicity (n=168)**

	<b>Black n=11</b>	<b>Asian n=4</b>	<b>Hispani c n=6</b>	<b>White n=133</b>	<b>Other n=9</b>	<b>Mixed n=5</b>	<b>Totals n=168</b>
ER/Urgent Care Facility	5	3	4	80	5	3	100
Fitness/Wellness Facility	7	2	5	54	3	3	74
Health Care Offices	3	3	1	60	3	2	72
Park, Athletic, Recreation	4	1	4	44	1	2	56
Hospital	2	2	5	30	5	1	45
Daycare Facility	1	0	1	21	1	1	25
Non-profit Offices	2	0	1	19	1	1	24
Schools	0	0	1	12	1	0	14
Retail/Commercial	1	0	1	7	0	0	9
Residential	0	0	0	8	0	0	8
Business Offices	0	0	0	3	0	0	3
<b>Totals</b>	<b>25</b>	<b>11</b>	<b>23</b>	<b>338</b>	<b>20</b>	<b>13</b>	<b>430</b>